147479
18/11/18

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, JULY, 1917 – ~~December~~ 1917 ~~No. 1~~

Editorials

THE ONTARIO MEDICAL ASSOCIATION

THE Ontario Medical Association held its Thirty-Seventh Annual Meeting in the Mining Building of the University of Toronto on May 30th and 31st and June 1st. The meeting was in every way a success, the attendance being close to the four hundred mark. We take this opportunity of congratulating the Past President, Dr. A. Dalton Smith, Mitchell, Ont. Dr. Smith made many friends during the meeting and we but regret that we cannot include him as one of *Toronto's* Medical Practitioners. As Chairman, he was most dignified and might be correctly described as one of Nature's gentlemen.* We would like also to congratulate the General Secretary and the different committees on the result of their labors. The weather during the meeting was ideal, with the exception of a severe rain-storm on the Thursday afternoon, which somewhat marred the Garden Party,

* His Presidential Address appears in this issue of the JOURNAL. It is one of the best addresses delivered before this Association in years and should be read by all.

R
11
C38
v.42

given by Dr. A. Dalton Smith on the grounds of the Academy of Medicine, Queen's Park.

There were a number of distinguished visitors at the meeting, including Dr. J. J. King, New York; Dr. W. W. Chipman, Montreal; Dr. Henry A. Christian, Boston; Dr. Arthur G. Bennett, Buffalo; Dr. W. W. Babcock, Philadelphia; Dr. J. E. McKenty, New York; Prof. Wm. Sharp, New York, and Dr. Colin L. Begg, New York. Unfortunately for the members of the Association, Dr. D. C. Balfour, Rochester, Minn., was unable to be present, as also Dr. A. Schuyler Clark, New York. Dr. Clark sent, as his representative, Dr. Nelson, who read his paper.

The programme, as published in a recent issue of the JOURNAL, was carried out with but few changes. The papers were almost all of a high order and the discussions that followed many of them of exceedingly interesting character. We only regret not being able to publish a detailed account of the meeting and earnestly trust that ere long the Ontario Medical Association will be in a position to furnish the Medical Press with proceedings *in extenso*.

The Committee on Arrangements, under the Chairmanship of Dr. E. E. King, served a luncheon in the building each day, which, we understand, was greatly appreciated by the visiting Medical Men and prevented the necessity of their leaving the building to go down town. There were several private dinners given by different members of the Profession in Toronto, including those of the President, Dr. A. Dal-

ton Smith, Dr. W. B. Thistle and Dr. F. A. Cleland. A dinner was also given by the Committee on Arrangements at the Albany Club for the Exhibitors, who this year included Messrs. Ingram & Bell, Limited, Toronto; Messrs. Kress & Owen Co., New York; The Denver Chemical Mfg. Co., New York; The Waterbury Chemical Co., Toronto; Messrs. McAinsh & Co., Toronto; The Wingate Chemical Co., Montreal; Messrs. J. F. Hartz Co., Limited, Toronto; Messrs. Canadian Wm. A. Rogers, Limited, Toronto; and Messrs. Gilmour Bros. & Co., Montreal. We take this opportunity of expressing the appreciation of the Association to the firms who so materially added to the appearance of the otherwise bare corridors of the Mining Building, and who contributed to such an extent to the success of the meeting from a financial standpoint.

The place of meeting for 1918 is Hamilton, Ont., and the following are the officers elected: President, Dr. John P. Morton, Hamilton; Vice-Presidents, Dr. G. S. Cameron, Peterboro'; Dr. John Ferguson, Toronto; Dr. J. M. Rogers, Ingersoll; and Dr. J. F. Argue, Ottawa; General Secretary, Dr. F. Arnold Clarkson, Toronto; Assistant Secretary, Dr. F. C. Harrison, Toronto; Treasurer, Dr. J. H. Elliott, Toronto. Executive: Dr. John Shehan, St. Catharines; and Dr. N. H. Ball, London. Representative to Canadian Medical Association, Dr. H. B. Anderson, Toronto; Dr. D. J. Gibb Wishart, Toronto; and Dr. H. J. Hamilton, Toronto.

THE CANADIAN MEDICAL ASSOCIATION

THE Forty-Eighth Annual Meeting of the Canadian Medical Association was held in Montreal on June 13th, 14th and 15th. Dr. A. D. Blackader acted as President, with Dr. J. W. Scane as General Secretary. The meeting was fairly well attended, though we understand that the different Committees were somewhat disappointed that the attendance was not all they had hoped for, as they had worked very hard to make this, the first meeting of the Association for some years, a Banner one. It seems to us unfortunate that there is a feeling prevalent in certain quarters throughout the Province that the Profession from Ontario are not particularly wanted in Montreal. This feeling should not exist, as we do not believe it is characteristic of the Montreal Profession, though we admit that in past years there has been *some* ground for the idea that only certain members of the Profession in Toronto are wanted in the Capital City of Quebec Province. We trust that steps will be taken ere the meeting a year hence to prove to the Profession in this Province that such a feeling as that alluded to does not exist in reality.

All of the general meetings and meetings of sections were held in the new Medical Building of McGill University; a Bureau of Registration, Post Office and Inquiry Office being found at the Main Entrance.

The President's Address* was delivered at the Annual Banquet, held at 9 p.m. on Thursday, June

* We regret that we cannot reproduce the address in this issue of the Journal. It was exceedingly interesting and gave a history of The Canadian Medical Association since its inception half a century ago.

14th. The Address in Medicine was delivered by Dr. Theodore C. Janeway, Professor of Medicine, Johns Hopkins Hospital, Baltimore, the subject of the Address being "Slight Variations from Normal Structure and Function, and their Clinical Significance." The Address in Surgery fell to the lot of Dr. F. J. Shepherd, Montreal, the subject chosen being "Past and Present." To Dr. C. J. C. O. Hastings, Medical Officer of Health for the City of Toronto, fell the duty of delivering the Address in Public Health and Preventive Medicine, the title being "The National Importance of Public Health."

A combined meeting of the Medical, Surgical, Pathological and X-Ray Sections was held at 3 o'clock on Thursday, June 14th, the subject being a Symposium on "Suppurative Conditions in the Lower Respiratory Tract." Those who took part were Prof. A. McPhedran, Toronto; Dr. E. M. von Eberts, Montreal; Dr. J. J. McKenzie, Toronto; and Dr. W. A. Wilkins, Montreal.

The Section of Medicine was addressed on Wednesday by Drs. R. C. Paterson, Saranac Lake, N.Y.; J. S. Wright, Edmonton; J. Roddick Byers, Ste. Agathe des Monts; H. A. Bray, Ray Brook, N.Y.; James Third, Kingston; Hugh M. Kinghorn, Saranac Lake, N.Y.; E. Grenier, Montreal; and W. B. Kendall, Gravenhurst. On Thursday, June 14th, a particularly good paper was read by Prof. McPhedran, Toronto, on "Prognosis in Diseases of the Heart." The same afternoon Dr. W. H. B. Aikins, Toronto, spoke on "Radium in the Treatment of Tu-

berculosis of the Skin." On Friday, June 15th, Dr. Helen MacMurchy, Toronto, read a paper entitled "Care and Treatment of the Feeble-Minded," followed by Dr. William Goldie, Toronto, who discussed "Neurasthenia as a Symptom Complex."

Before the Section of Surgery on Wednesday were delivered some capital Addresses by such men as Lt.-Col. C. B. Keenan, C.A.M.; Drs. W. E. Gallie, D. E. Robertson and James Cotton, Toronto. On Thursday Dr. F. N. G. Starr, Toronto, spoke at some length on "The Radical Cure of Hernia," and on Friday the readers of papers before this Section included Dr. R. E. McKechnie, Vancouver; Dr. D. W. MacKenzie, Montreal; and Dr. James McKenty, Winnipeg.

Prof. B. P. Watson and Dr. W. A. Scott, Toronto, addressed the Section of Obstetrics on Wednesday, June 13th, on "An Analysis of Clinical Types of Puerperal Sepsis with Special Reference to Prognosis and Treatment." Dr. G. S. Cameron, Peterborough, read a paper the following day entitled "Cardiac Vascular Disease in Fibromyomata."

Among the prominent visitors to the meeting were Dr. Thomas McCrae, Philadelphia, who spoke on "Some of the Medical Problems of Gall Bladder Disease"; Dr. Walter M. Boothby, Rochester, Minn.; Dr. R. Tait McKenzie, Philadelphia; Dr. Henry H. M. Lyle, New York; and Dr. O. S. Lowsley, New York.

The place of meeting for 1918 will be Winnipeg.

We regret that it is impossible for us to report the meeting *in extenso*, as it only closed a few days ago.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. GALLIE, M.D, Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:

MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

Medicine:

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:

N. H. BEEMER, M.D, Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:

D. KING SMITH, M.B, Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

Managing Editor:

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

THE PRESIDENTIAL ADDRESS, ONTARIO MEDICAL ASSOCIATION

BY A. DALTON SMITH, M.D., MITCHELL, ONT.

Mr. Vice-President, Ladies and Gentlemen of the Ontario Medical Association, I should like to avail myself of this the first opportunity which has offered to thank you for the great, and so far as I know the entirely undeserved honor which you did me a year ago in electing me to the Presidency of this Association, representing as it does the Medical Profession in the large and important Province of Ontario. And though deeply sensible of the personal honor, I am still very far from appropriating it in the personal sense. I take it that you wished to recognize and to honor the claims of the members of this Association residing in the western part of this Province; and on behalf of my confreres of Western Ontario and especially of the Huron District, I desire to thank you for your recognition and for your courtesy.

It is perhaps fortunate that the Constitution of this Association rather definitely prescribes what shall be the scope and general character of the President's annual message. I shall therefore follow the example set by a large number of my respected predecessors in this office, and confine my brief remarks to some matters of general interest at this important time in the history of the world and in the history of the great Empire to which we belong, and also to a few questions of especial interest to the members of our profession in this province at the present time.

We are meeting now and for the third time under the awful shadow of the greatest war in all the world's long history.

Greatest in the number and importance of the nations involved. Greatest in the vast number of men engaged in actual conflict. Greatest and most terrible because of the perfected engines of war which modern science has produced. And greatest because of the important issues which we believe to be at stake, and which threaten not only our national existence but also the existence of those personal and political liberties which our forefathers through long centuries have bravely fought for and as bravely died to obtain.

I recall the forceful words of my predecessor who a year ago told us that, "our Empire and her Allies were engaged in a death struggle to uphold the cause of freedom and justice against a military despotism which under the guise of Kultur is seeking world power with the ethics and by the methods of the barbarian." These words, entirely true when spoken, have had their truth emphasized and confirmed through the days of another long and fateful year. It has been many times said during the past three years that the Teutonic mind was entirely incapable of understanding the Anglo-Saxon mind or the Anglo-Saxon point of view. It is perhaps equally true that we Anglo-Saxons have not, for at least a long series of years, properly comprehended the Teutonic point of view, as witness our vast and incomprehensible lack of preparation for a conflict which we can now see was being with wonderful thoroughness prepared for by our enemies. To take an illustration with which we are somewhat familiar and which serves to explain the awful horrors and barbarities of the present conflict. British and American physicians and surgeons who have visited the clinics of Berlin and Vienna during the past twenty-five or thirty years were frequently amazed and shocked by the inhumane and oftentimes cruel treatment meted out to the poor patients in these large clinics. They were in many cases not a little ashamed to view and profit by methods of treatment which would not for one hour be tolerated in the clinics of London, New York or Toronto. We now recognize that this was but the logical result of a philosophical teaching which places the interests of the State above every consideration of humanity or morality, and which, in the same way, places the interests of science, which contributes to the power of the State, also above every consideration of

humanity or morality. The rights of the individual unit disappear in the larger rights and interests of the State. This is not liberty as we have learned to know and to love liberty. God help us who own British allegiance, in the future as in the past, to fight strongly, to endure much, to sacrifice much in order that our long cherished ideals of humanity, of liberty, and of personal and national morality may not perish from the earth.

What of our own Profession in this great conflict? Those in best position to know tell us that when the history of the war is written, one of the brightest pages will be that which records the splendid work of the Medical and Surgical Services. Taking the new recruit from the moment of his enlistment, searching out and if possible remedying his weak spots; with vaccination and inoculation protecting him against those infections which have ever been the bane of military camps, placing him amid sanitary surroundings; finally going with him to the trenches in the firing line, and in many cases searching him out amid the shell holes and mine craters of No Man's Land in order to succor and comfort him; the record of the medical services is one of which we may well be proud. The same self-sacrifice and courage which enables a practitioner in a country district to brave the darkness and loneliness of night, in the face of biting cold and driving storm, over miles of untracked road, at the call of duty, is not likely to desert him amid the dangers and emergencies of the battle line.

We would not pass from this subject without a warm tribute to the fine courage, unselfish devotion, and efficient service rendered by our Sisters of the nursing profession, without whose faithful and efficient help the work of the medical and surgical services could not have been done. The nursing profession has indeed gone far since, amid the pestilent hospitals and fever haunted camps of the Crimea, the devoted Florence Nightingale blazed the road and pointed the way for the nursing sisterhood for all the years that follow.

On the purely technical or scientific side, the response to the great emergency has been in every way creditable and in some respects revolutionary in character, the outstanding fact being the great triumph of preventive medicine.

Typhoid infection which in some previous wars had been

responsible for a mortality greater than that from the bullets of the enemy has been so controlled as to become a practically negligible quantity and this too in face of local conditions of the most unfavorable kind. Tetanus, greatly dreaded, especially on the western war front, on account of the unfavorable soil conditions due to intensive cultivation, has been in large measure eliminated as a result of the routine employment of the prophylactic serum. I need not weary you with further reference to matters with which you are all familiar and I mention them only because of their large importance during the year that is past. So, too, the available facts in the purely surgical records of the war show, as was expected, an improved technique in the management and drainage of septic wounds, making possible a conservative surgery which has resulted in a large saving of human life and avoidance of mutilation quite impossible under older methods and in itself constituting a bright epoch in surgical history.

While our attention has been focused on the immediate events of the war, we must not forget the many pressing problems which are crowding upon us as a result of the same. The problem of the returned soldier, and his relation to society, considered both from the moral and industrial point of view. The problem of the disabled soldier, and the duty of the State to aid him in his effort to return to a civil occupation which shall make him a useful member of society. The care and education of the blind. The question of pensions. These are a few among the many pressing questions of the present hour in which medical men are specially interested. This is neither the time nor the place to discuss any of these matters in detail. Canada, her population and resources considered, has played a brilliant part in this great world conflict, and her people will surely demand the most generous and efficient treatment of the men who have so well represented her. The men chosen for the various commissions, necessary in dealing with the different phases of this important situation should surely be chosen because of their judicial qualifications, and eminent fitness for this work and not as a reward for purely political services. We venture to express the hope that, whichever of the great political parties may chance to be in power, the problems of the returned soldier

may be placed on a higher level than that of mere party politics. In view of the splendid response which has been made to the Empire's call by the very flower of the young manhood of this Dominion, and this without reference to race, creed, or political affiliation, it would for ever be a blot on the name of Canada if any man who had served his country faithfully and well were to be humiliated by the fact that it was necessary to pull a party string, or invoke a partizan influence to get those things to which the quality of his service entitles him.

We bow with profound respect and reverence at thought of those members of this Association and of our profession in this Province and Dominion who have nobly gone forth to serve and who will not return. We respectfully tender an expression of our deep sympathy with those members of our profession who have been bereaved by the death of their sons, their daughters, perchance, or of other near friends. They have the mournful satisfaction of knowing that these lives have been sacrificed in a crusade as holy as the world has seen, and can echo the words of the Roman Horatius:

"For how can man die better
Than facing fearful odds
For the ashes of his fathers
And the temples of his Gods."

Coming to matters of more immediate interest to the Profession in this Province. For many years it has been recognized by thoughtful men that an improved organization of the medical men in the Province and in the Dominion was a matter of the greatest importance. It is true that we have had a national association, The Canadian Medical Association. Provincial associations in the provinces and local associations in the cities, larger towns, and in many of the counties; all of these purely voluntary associations of Medical men, anxious to promote the general interests of the Profession and to profit by the scientific and social features of the meetings. These societies have filled a very valuable place in the professional life of this country. But there are many grave defects in this form of organization. These societies were isolated and had no real organic connection with each other, and embraced in their membership a minority

of the members of the medical profession. It is also true that we have had in this province The Ontario Medical Council, an elected and representative body, created by statute, whose services have been of the greatest possible value, but whose activities have been largely confined to matters of education and discipline, and which, from the very nature of its composition, was not competent to speak with final authority upon those larger questions of professional and social interest in which members of the Profession of Medicine are so largely interested. The first definite step in this direction was taken by the Canadian Medical Association, when in 1907, at their meeting in Montreal, a new constitution and by-laws was adopted, in which it was provided that any Provincial Association could, by resolution of such association, become affiliated with, and thereby become a branch of, The Canadian Medical Association. The Ontario Association has been rather slow to take full advantage of this offer, and it is only during the past year that, through the activity of the Committee on By-laws, and especially of a small sub-committee, to whom the Profession in this province are greatly indebted, that a new constitution and by-laws are now ready for adoption. In addition to providing a new constitution and by-laws for this Ontario Association, a suggested constitution and by-laws has been prepared for adoption by the city, county and district associations in the province, thus providing for a uniform organization of the local societies, each of which may, by resolution of its members, become affiliated branches of The Ontario Medical Association.

Time will not permit me to review all the various features of the new constitution, but I wish to draw special attention to the most important committee provided for. This is called the Committee on General Purposes. The Vice-President of the Ontario Association is, by virtue of his office, chairman of this committee, whose members are elected by the local affiliated societies, each society having the power to elect one representative for every fifty or part of fifty members. This Committee on General Purposes has power to supervise the work of the other committees of the Association, and in a general way has power to initiate or direct the activities of the Association. In this manner the work of the Provincial Association becomes directly

representative of the Medical Profession throughout the length and breadth of the province. It is hoped that the new organization will include in its membership every reputable member of our Profession in the province. It is also hoped that without unduly taxing even the poorest member of the Profession, funds sufficient will be provided to pay the salary of a permanent all-time secretary, who in addition to his duties as secretary, shall be primarily responsible for perfecting and making effective the proposed organization.

I have referred at some length to this matter for the purpose of strongly urging the formation of a local society affiliated with the Provincial Association in every county or district in the province, and for the purpose also of strongly urging upon every Medical man in this province, and especially of the members of the Profession in the smaller villages and country districts an active interest in, and attendance on the meetings of the local societies. The local societies are the essential foundation stones upon which the larger organizations are built and are therefore vital to the whole scheme.

We are sometimes told by physicians as a reason for non-attendance at medical meetings that they are too busy to go from home, or that an important case has claimed their attention; but these excuses are sometimes entirely valid, and yet, is is a matter of constant observation that it is the really busy and influential and interested men who continually find time to attend the meetings of the local and other Medical Associations. I can think of no greater honor than for a medical man to be elected by his fellow practitioners as a member of the Committee of General Purposes of the Ontario Medical Association.

It is only by a perfected organization that we can hope to exercise that influence in matters coming within the legitimate sphere of our work, which we as physicians and enlightened citizens are entitled to exercise.

If a better organization has been needed in the past, much more is it needed at the present time. We are living in very important days, no great upheaval like the present war can possibly leave the world as it found it; eyes are opened, forces are unchained which are bound to change the face of the future. If the signs fail not, we are now standing upon the very threshold

of a great democratic and socialistic movement, world wide in its sweep and which may shake the very foundations of our present social and industrial structure. Physicians, from the very nature of their touch with the great masses of men, must regard such a movement with sympathy and with a desire to help. Great wisdom and restraint may be needed if such a movement is to prove an unmixed blessing. Under such circumstances, I know of no class of men capable of exercising a more salutary influence than are the general practitioners of medicine in this or any other country. In the homes of the people, in their hours of greatest domestic felicity and exaltation, with them also in the time of greatest domestic grief and bereavement, they easily pass into a special class of trusted friends and advisers, the power of whose influence no man may measure. Let us see to it that our influence is exerted to the full on the side of moderation, and of social and industrial sanity, believing, as I think we all do, that a progressive and beneficent social and industrial evolution is safer and better than a drastic and revolutionary change with its uncertain future and its unheralded dangers.

Quite along the line of this thought I should like to congratulate the Committee of this Association on the Workmen's Compensation Act, which, under very able leadership, has aided in securing amendments to this Act which greatly enhances its efficiency, and at the same time secures, to some extent, the legitimate interest of the physician or surgeon.

We as physicians are deeply interested in this kind of legislation, because it has to do, not only with industrial accident or illness, but with the whole environment of the industrial worker, on which so largely depends his general physical fitness and efficiency. It is an interesting phase of the age-long struggle between Capital and Labor, between employer and employee. Begun under socialistic influences as a measure solely in the interests and for protection of the workman, it is increasingly being recognized as also in the interest of the employer in securing better and more continuous service and increased industrial efficiency. We are likely in the near future to see a more extended application of the principle of compensation, practically to cover all forms of employment.

We are still awaiting with much interest the report of the Royal Commission on Medical Education in this province. A number of sessions of the Commission have been held during the past year, at which the representatives of the various medical bodies have ably outlined our attitude on this most important question. We have endeavored to make it plain to the Commission that the regular Profession of Medicine does not in any way desire to dictate or control the form of treatment which shall be used for the cure of disease; but we do most earnestly ask that a high and uniform standard of general and technical education shall be demanded of all those who undertake the diagnosis of disease and the treatment of those who are sick.

I desire, with some reluctance, to speak of a question to which, during the past few months, attention from many quarters has been directed, viz., to the undesirable moral surroundings in which our soldiers on duty in Britain and France have been placed, and to the consequent increased incidence of certain types of disease. Only an acute sense of public duty compels a reference to this matter, which has been the subject of warm debate in the British House of Commons as well as of correspondence in leading British newspapers. We sincerely hope that the picture has been too highly colored. Speaking on behalf of the medical men of this province, I venture to draw attention to the serious responsibility resting on the Canadian Government and on the Canadian Army Medical Department acting under the Government, to assure the people of this country that no soldier, of whatever rank, shall be discharged from military supervision and control while suffering from any form of infectious disease, and more especially of those types of disease which, in their final results entail a moral disaster and a physical degeneracy, even to the third and fourth generation. During the past few weeks important action has been taken by some of the leading Medical Societies of Great Britain in regard to this matter, and I am strongly convinced that definite action by this and other Medical Associations in Canada would greatly strengthen the hands of the Government and the Military Medical Department in dealing efficiently with this difficult and important question. In referring to this subject I desire to make it plain that I cast no reflection on the splendid body of

men who, with infinite credit to themselves and great honor to Canada, are representing this country on the battlefields of Europe.

May I be permitted to say to our visitors and guests, and especially to those who come from the great American Republic, how cordially we welcome you to our thirty-seventh annual meeting, and how greatly we value the good will which has prompted you, by your presence here, to add so much to the value and interest of our programme. The unbroken friendship between our respective countries, with thousands of miles of international boundary unmarked by forts and unvouched by great standing armies, has for more than a century of years been to all the world a great object lesson in good will and international decency. It has also been a splendid demonstration of an ideal world possibility towards which we look with longing eyes. The vision grows brighter as we realize that we are now brothers in arms, and allies in the great fight for world-wide liberty and democracy I cannot close this brief address without an expression of my personal thanks to the officers of this Association, the chairmen and secretaries of the different sections and the members of the various committees who often, I know, at much personal sacrifice, have worked so hard and so unselfishly to complete the preparations for this meeting. Those of us who come from distant parts of the province are glad to again testify to the uniform kindness and courtesy as well as to the generous hospitality which has always been extended to us by our professional friends as well as by the citizens of this beautiful city of Toronto.

In conclusion allow me to express the hope that when next we meet the thunders and the horrors of war may have passed; that the splendid energies which are now devoted to war may then be directed to the work of reconstruction and to rebuilding the ruin which has been wrought; that the hearts of men, chastened by sorrow and refined by physical suffering may realize as never before the larger and better things of life; that the day of true and unselfish democracy may dawn in which the privileges of the few shall disappear in the larger liberty and greater opportunity of the many. Surely then we may, with Britain's best

loved Laureate, anticipate a golden era in the history of the nations.

> " When the war drum throbs no longer
> And the battle flags are furled
> In the parliament of man
> The federation of the world.
>
> " There the better sense of most
> Shall hold a restless realm in awe,
> And the kindly earth shall slumber,
> Lapt in universal law."

Society Proceedings

SIXTH ANNUAL MEETING OF THE ONTARIO HEALTH OFFICERS' ASSOCIATION

The Ontario Health Officers' Association held its sixth annual meeting in the Medical Building of the University of Toronto, on Tuesday and Wednesday, the 29th and 30th of May. The attendance was upwards of 300.

The meeting was held as a general session during the first day, and upon the second was divided into a general session and one upon public health administration.

Dr. A. J. Macaulay, M.O.H. of Brockville, made an ideal presiding officer.

Suitable reference was made to the death of the late Vice-President, Dr. Vardon, of Galt.

The first session included a discussion on venereal diseases, the paper, with slides, being given by Dr. Gordon Bates, of Toronto. The discussion was carried on by Drs. C. H. Hair, C. E. Trow and others.

The subject of "Infantile Paralysis" was presented by Dr. H. W. Hill, M.O.H. of London, who gave a most instructive paper upon this subject. Papers upon the same subject were given by Drs. Durocher and Cruickshank, of Windsor, and by Dr. Green, of Stoney Creek. There was a free discussion led by Dr. Amys, M.O.H. of Peterborough.

In the afternoon session, after a short address by the President, Dr. C. J. Hastings gave, on behalf of the Mayor, an address of welcome. This was succeeded by the address of the day, given by C. E. A. Winslow, Professor of Public Health, Yale School of Medicine, New Haven, Conn., upon the subject of "Safeguarding the Health of Young Children." Professor Winslow's address gave a description of some practical methods of life-saving. He pointed out that the campaign carried on

in New York, has reduced the infant mortality rate in that city, from 154 in 1900 to 93 in 1916, which means a saving for that city of over 8,000 lives a year. Recent estimates of the comparative value of various lines of public health endeavor show that infant welfare work offers one-fifth of the total possibilities of life-saving which are open to the health department.

Professor Winslow pointed out that every community of 10,000 inhabitants should have not a "milk station" merely, but a baby's clinic and dispensary where children may be brought for weekly examination and from which public health nurses may go out to carry instruction to the home of the individual mother. In larger cities there should be such a station for every 20,000 of the population. The nurses should also undertake the pre-natal care of mothers. The experience of Boston has shown that such care may result in cutting the infant mortality to one-half the figure prevailing among families not receiving pre-natal advice. For the rural communities there should be public health nurses backed by available competent pediatric knowledge, which might be secured by co-operation with the infant welfare organization of the nearest city (*or with that of the Provincial Board of Health*).

The essayist said that the deaths of infants are due principally to three great groups of causes: (1) Prematurity or congenital debility and other causes operating at the time of birth; (2) gastro-intestinal infections; (3) pneumonia and other respiratory diseases. The machinery of the infant welfare station helps in dealing with all of these groups, the more especially with the second, namely, summer diarrheas and other digestive disorders. Means of procuring adequate and safe milk supplies are indicated in the paper, and the value of inspection and pasteurization pointed out. The importance of measles and whooping-cough as public health problems were discussed, especially in the very earliest years. The fatality of whooping-cough is five times as great under one year as over five years, of scarlet fever ten times as great and of measles twenty times as great. These facts indicate the great necessity for the protection of young children against infection. Schools should *never* be closed during epidemics. The services of the

public health nurse should be secured and an examination of school children made every morning for the detection of the disease in its earliest stages.

The whole paper is of the greatest value, and should be read by every health officer.

The Hon. W. D. McPherson, Provincial Secretary, made a short address of welcome to the members of the Association, in which he showed evidence of intense interest in public health matters. His address was received with great enthusiasm.

Dr. Chas. J. Hastings and Dr. J. F. Hanly each gave comprehensive addresses upon public health nursing.

Dr. F. D. Canfield read a paper on "The Adrenals," and the veteran Chairman of the Provincial Board, Dr. Adam Wright, spoke upon "Rest and Sleep as Factors in Disease Prevention."

On the second day the morning session of the Association was carried on in two sections. The general session included papers upon "Sex Hygiene," by Dr. N. W. Woods, and "Mendelism," by Dr. Jas. Roberts. There were two splendid papers on the subject of "Tuberculosis," the one by Dr. D. R. Craig and the other by Dr. A. R. Hanks. Dr. Jenner discussed "The Public School as a Place of Instruction in Practical Sanitation."

In the section on Public Health Administration there were papers upon the difficulties of medical officers by Drs. Macdonald, D. A. Kidd and F. H. Mitchell, on "The Education of the Public," by Dr. H. Logan; upon "The Public Health Act," by Dr. A. Nichol, and upon "The Relationship of the District Officer to the M.O.H. of the Municipality," by Dr. G. F. Richardson.

Most excellent papers were given upon "Ways and Means of Conducting Public Health in the Average Town" by Dr. C. A. Patterson, and upon some practical points in "Enforcement of the Regulations," by Dr. H. Ross.

Dr. W. Doan, of Harrietsville, and Dr. F. King, of St. Catharines, gave interesting papers upon their "Experiences as Medical Officers of Health."

On the afternoon of this day the session was entirely taken up by papers on the subject of "Epidemiology." "Measles, Scarlet Fever and Diphtheria" were discussed by Drs. A. A.

Metcalfe, J. C. Hutchinson and A. H. Speers. "Variola" was the subject of a paper by Dr. J. P. Boyle; while "Disinfection" was discussed by Drs. R. K. Anderson and James Campbell.

The matter of "Communicable Diseases" was the subject of papers by Drs. J. H. Howell, W. R. Mason and Jas. Mc. Potts; while Dr. S. F. Millen ably handled the question of "Typhoid Fever in Rural Communities." All these matters were the subject of general and wide discussion.

Drs. Fitzgerald and McCullough answered the questions submitted in the "Question Drawer."

The officers and committees elected were as follows:—President, Dr. H. W. Hill, M.O.H., London; 1st Vice-President, Dr. G. F. Cruickshank, M.O.H., Windsor; 2nd Vice-President, Dr. E. A. Williamson, M.O.H., Kingston; Secretary, Dr. J. W. S. McCullough, Toronto.

The Committee on Papers and Arrangements comprises Drs. G. A. Dickinson, J. J. Harper and J. W. S. McCullough.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION

The Forty-Eighth Annual Meeting of the American Medical Editors' Association was held at the McAlpine Hotel, New York, on June 4th and 5th, under the Presidency of Dr. George M. Piersol, Editor of the *American Journal of Medical Sciences.*

The opening session was held at 9.30 a.m. on June 4th, the time being devoted to the business of the Association. The Programme of the Scientific Session was opened on the afternoon of the same day, and the following were the papers read:

President's Address: George M. Piersol, M.D. (*American Journal of Medical Sciences*).

"The Medical Journal from the Standpoint of the Contributor," Mrs. Maud H. Mellish, Mayo Clinic (*By Invitation*).

"The Present Opportunity of American Medical Journalism." By Robert M. Green, M.D. (Editor *Boston Medical and Surgical Journal*).

"The Value of the Medical Journal in the National Preparedness Movement." By H. Sheridan Baketel, A.M.M.D. (Editor *New York American Times*).

"The Medical Journal as a Safeguard of the Physicians' Interest in Medical Legislation." By John C. Rommel, M.D. (*Medical World*).

"Have We Too Many Medical Journals?" By Geo. W. Kosmak, M.D. (Co-Editor *American Journal of Obstetrics*).

"The Interest of the Medical Journal in Public Health Problems." By H. Edwin Lewis, M.D. (Editor *American Medicine*).

"Some Suggestions as to How to Improve the Standards of American Medical Literature." By Seale Harris, M.D. (Editor *Southern Medical Journal*).

"By What Criteria Should Original Articles be Judged?" By L. F. Bishop, M.D. (Editor *American Journal Gastro-Enterology*).

On the afternoon of Tuesday, June 5th, "The Attitude of the Medical Press to the Compulsory Health Insurance Movement" was discussed at length by Frederick L. Hoffman, Statistician of the Prudential Insurance Company, Newark, N.J.; Dr. Henry W. Berg, of New York, and Dr. C. F. Taylor, Editor of the *Medical World,* Philadelphia.

The Annual Banquet was held at Hotel McAlpine on Tuesday evening, June 5th.

ACADEMY OF MEDICINE, TORONTO

At the organization meeting of the Academy of Medicine, Toronto, held in May, the following Fellows were requested to act for the ensuing Academy year:

Trustees: H. B. Anderson, 184 Bloor Street East; John Ferguson, 264 College Street; W. A. Young, 145 College Street.

STANDING COMMITTEES.

House:

W. A. Young, 145 College Street.
W. Goldie, 86 College Street.
J. H. McConnell, 625 Dundas Street.

Library:

J. Ferguson, 264 College Street.
R. A. Reeve, 48 Bloor Street East.
J. H. Elliott, 11 Spadina Road.
J. G. Fitzgerald, Medical Faculty.
F. N. G. Starr, 112 College Street.
B. P. Watson, 14 Madison Avenue.
N. A. Powell, 167 College Street.

Publications:

John Ferguson, 264 College Street.
C. P. Lusk, 250 Bloor Street West.
Gordon Bates, 179 Bay Street.

Programme:

President, Vice-President, Honorary Secretary, Chairmen of Sections, Secretaries of Sections, with Wm. Goldie, F. N. G. Starr, and H. B. Anderson.

The Sixth Annual Congress of the Canadian Public Health Association will be held in Ottawa on September 27th and 28th, 1917. The meeting of the Canadian Association for the Prevention of Tuberculosis will also be held in Ottawa on September 26th.

PERSONALS

Dr. Frederick S. Minns has moved to 14 Bloor Street East.

Capt. J. H. Elliott, M.D., of Toronto, was elected President of the American Climatological and Clinical Association at the Convention in Lakewood, N.J.

Militia and Naval Medical Services and Ambulance

CAPTAIN ARTHUR ARDAGH KILLED

Orillia has lost another of her noble sons in the person of Capt. Arthur Ardagh, killed in action on May 10. Capt. Ardagh was the only son of Dr. Arthur Edward Ardagh, and was born in Orillia about 21 years ago. He was a born soldier, and for several years was an active officer in the local militia, the Simcoe Foresters. When the war broke out he was one of the first to enlist, and would have gone overseas with the First Contingent had his parents consented. He went over with a draft a year and a half ago, and has been in France since early last fall. His father went to England in December and spent Christmas with his son, who obtained short leave from his duties in France. Dr. Ardagh is the second Orillia medical man to be bereaved by the war, Sergt.-Major Norman Harvie, son of Dr. A. R. Harvie, having been killed in action.

LIEUT.-COL. WARREN QUITS C.E.F.

Lieut.-Col. Charles A. Warren, assistant to Lieut.-Col. Ryerson, assistant director of medical services in this military district, has severed his connection with the C.E.F., and has left for New York to take a post under the British Minister in that city. Lieut.-Col. Warren will have charge of the medical services, examining recruits from the United States who are anxious to join the British army.

Lieut.-Col. Warren graduated from Toronto University in 1901, and has for sixteen years held a commission in the Canadian Army Medical Corps. He was appointed Deputy

A.D.M.S. of the Toronto Military District on April 22nd, 1915. He has made several attempts to go overseas, but each time the application was refused. He claimed that there was a close corporation which was the cause of this, civilian practitioners being given the preference over C.A.M.C. officers.

It was thought by many that at the resignation of Col. F. W. Marlow from the position of A.D.M.S. in this district, Lieut.-Col. Warren would have been appointed as his successor. This, however, did not prove to be the case, and it will not come as a surprise to many that Lieut.-Col. Warren has severed his connection with the C.E.F. This step has been expected ever since the Marlow controversy. Lieut.-Col. Warren being credited with being a staunch supporter of Col. Marlow.

KING GEORGE RECEIVES AMERICAN MEDICAL UNIT

King George and Queen Mary, accompanied by the Prince of Wales and Princess Mary, on May 23rd, received and extended a welcome to the American Medical Unit, under Major Gilchrist, which reached England the week before. The corps, including 25 surgeons and 64 nurses from the Fourth Base Hospital of the United States Army, shortly will take its place beside the British allies at the fighting front in France. It was a simple but impressive ceremony, one which will stand as a landmark in American history as the first of its kind to occur within the walls of Buckingham Palace.

"It is with the utmost pleasure and satisfaction that the Queen and I welcome you here to-day," said His Majesty. "We greet you as the first detachment of the American army which has landed on our shores since your great Republic resolved to join in the world struggle for the ideals of civilization.

"We deeply appreciate this prompt and generous response to our needs. It is characteristic of the humanity and chivalry which have ever been evinced by the American nation, that the first assistance rendered the allies is in connection with the profession of healing and the work of mercy."

The following include the names of a number of medical men who have been specially mentioned of recent weeks by General Haig: Major A. T. Bazin; Major P. G. Bell; Capt. T. H. Bell, Major G. S. Mothersill, Capt. H. R. Mustard; Lieut.-Col. G. R. Phillip; Major G. H. Wilson; Lieut.-Col. C. F. Wylde; Capt. H. Buck; Lieut.-Col. K. Cameron; Capt. J. C. Clarke; Major C. H. Dickson; Lieut.-Col. J. M. Elder; Capt. A. W. M. Ellis; Col. J. T. Fotheringham; Major A. L. Gilday; Capt. D. B. Kennedy; Capt. C. Kerr; Capt. A. F. Laird; Capt. W. G. Lyall; Capt. A. McCausland; Capt. R. R. McClenahan; Lieut.-Col. C. F. McGuffin; Lieut.-Col. J. D. McQueen.

Lieut.-Col. George R. Philip, who formerly practised medicine at 607 Sherbourne Street, Toronto, but who lately has been O.C. of the 10th Canadian Field Ambulance in France, and who was recently mentioned in despatches, has been appointed by the authorities at Ottawa as A.D.M.S. at Petawawa Camp.

The following Canadian nurses were recently awarded the Royal Red Cross of the first class: Nursing Sisters Anne Gorrest and Jean Matheson. Second class: Sisters Louise Brock, Harriet Graham, Laura Gamble, Mabelle Jamieson, Kathleen Little, Lizzie MacEachern, Georgina McCullough, Mary Morrison.

Dr. J. D. Curtis, of St. Thomas, has been appointed to the surgical staff of the Workmen's Compensation Board, Toronto. Dr. Curtis served for a year in the Royal Army Medical Corps, with the military rank of captain.

Col. A. E. Ross, C.A.M.C., M.P.P. for Kingston, Ont., has been appointed Director of Medical Services with the Canadian Forces in France.

The transfer of Capt. J. D. H. Barnett, A.M.C., from Casualties, and his appointment as Medical Officer of the 248th Battalion, has been approved.

Obituary

Dr. Simon J. Tunstall, Vancouver, B.C., died recently at the age of 64 years. Dr. Tunstall was President of the Canadian Medical Association in 1904, when that body met in Vancouver. He was for many years a prominent member of that Association, always taking a keen interest in its advancement, as he did in all matters pertaining to Canadians. He had also been President of the College of Physicians and Surgeons of British Columbia, and a director of the Vancouver General Hospital.

We would like to take this opportunity of conveying to Dr. R. A. Reeve, Toronto, our very sincere sympathy on the death of Mrs. Reeve a few weeks ago. Mrs. Reeve had been an invalid for quite a number of years. We know that the whole Profession sympathizes with Dr. Reeve in his bereavement.

Dr. James Russell, one of the most highly respected practitioners in Hamilton, Ont., died on May 31st in his seventy-fourth year. The funeral was held from his residence on Sunday, June 3rd, to Hamilton Cemetery.

Capt. Adam P. Chalmers of the Medical Service is reported dead at St. Lucia, B.W.I., in an official message to his wife, Mrs. Chalmers, 3 Vermont Avenue. His death occurred on May 16th. He had been Officer Commanding Bermuda States. Press reports on May 20th recorded him wounded, and inquiries are being made. The late Dr. Chalmers was born in Perth County, and was educated in Toronto, being a graduate of Trinity College. He practised for many years in Oil Springs, Ontario, coming to 242 Gladstone Avenue, Toronto, a short time before the outbreak of war. He at once offered his services. He was for a time attached to the Medical Staff at Camp Borden. Besides his widow he leaves a girl of sixteen and a boy of ten.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, AUGUST, 1917 No. 2

Editorials

BEING A DOCTOR WHEN THE NATION GOES TO WAR

THE doctor unquestionably represents the degree of civilization in his community. He is in the van. In his train come child-culture, sanitation, hygiene, research, and the many other phases of our present-day effort. The bravery and sacrifice of his daily civilian life are unquestioned, whether it be exposure to " all the ills the flesh is heir to," or fatiguing night work, worry over obscure and hopeless cases and study for advancing the interests of his people. What man is not brave who works for others without reward, at a pace that he knows will kill? There is, too, a higher code of living for the doctor than for other men. He displays rigid honesty in examining a patient for insurance, in referring wavering patients to their own physician, and in preserving inviolably the confidential relation imposed by his work. In no other man's life must there be such a bare simplicity, such a stripping down to essentials.

In no other career is there such a sacred vow as The Oath of Hippocrates, when he covenants with God at the first milestone of his career, to go to the needy as soon as called.

By his intense application to business, by promptitude, by study, by habits of industry and thrift, and by a spirit of altruism, equally applicable to his brother physician and to the lowliest patient, he builds up a moderately good practice, of probably one hundred and fifty families, in three or four years.

He must keep up an establishment because his home is his " factory," his " store," his " office." He requires a staff of helpers, accessories, education and supplies of the most delicate make. He acquires social obligations and charities of every sort.

Suppose he goes away, to " do his bit " for his country! When he leaves, by some general understanding, his colleague agrees to " take over his practice " and to give him half the revenue, or even all.

What happens? In the first place, a practice cannot be picked up and put in cold storage. It is a delicate growth, subjected to the hardships of a thousand changing conditions. There is no compulsion on his " families " to transfer their patronage to the man he selects. Many of them move to other towns. Families are disrupted by the war. The younger members by marriage take on a new fealty to another physician. Some are indifferent. The result is that when the patriotic doctor returns at the end of two or three years, he too frequently has noth-

ing. He must begin again near the bottom. With heedless, thoughtless people, no prestige is gained by the man who "did his bit." To others who are, maybe, prudently selfish, he will appear to have lost ground in the branches of pediatrics, obstetrics and gynecology, which make the bulk of a general practice. His family will be older and have new demands of educational obligation. If he is wounded, his pension is ridiculously inadequate.

The men at the head of the profession, who are leaders of clinics, can at once resume their positions like a clergyman or a mechanic, all of whom are outside the pale of the need for personal attraction in building up a practice. The men who are old enough to have a clinic are in a comfortable way, financially. The need for provision applies to the rank and file of the medical profession who are in the intermediate stage where obligations almost outweigh the revenue.

A man is not of value, however, to the army, until he reaches this point, when he has mature judgment, experience in diagnosis or surgery, and has the dignity born of home life and home responsibilities. Other men are too old to endure hardship, and others still too raw and callow to administer wisely. We must do our best for the private soldiers who receive ghastly wounds, worse than death, and hopeless disfigurement that causes everyone to shun them, in protecting our hearths. Though the doctors know what a deep and lasting sacrifice it will make for themselves and their families, many hundreds in Canada

have left their homes, to do their best for the vanguard that are staving back the flood-tide of the brutal foes of humanity.

Every little device used in the modern operating room in the past days of peace, to reduce the time of operating to a minimum, has resulted in manifold successes at the surgeon's hand—vitality less lowered, hemorrhage rendered impossible, men sound again in a few days! Realizing the necessity of *speed* to *outpace* the deadly toxins and bacteria wedged into our men's bodies by shell and gas, the doctors have placed their equipments among the hurtling bullets and poisonous fumes projected by the diabolical ingenuity of the Huns, and have "got in" their expert work instantaneously. Though they have an age and a profession exempt from conscription, they have voluntarily exposed themselves as never before in any war, to the same dangers as the private, so as to purge his wounds at once and save a future soldier or a future father of the new strong race we hope to see.

It is an international law not to fire on ambulances, doctors or nurses, but the Huns have disregarded that, like everything else. Some noble physicians were lost in the battle of the Somme, and on Vimy Ridge and St. Quentin. The enemy knows that each doctor is the life-saving focus for hundreds of men, who are, in his death, also destroyed. By a heroism unparalleled in any profession, any age and any race, the doctors of the Allies have stuck to their posts, patching, picking and mend-

ing with meticulous care the pathetic figures of men for whom their hearts have bled the while. To some of them, the actual hard work of the hospitals did not yet seem the real thing, so, infected by the determined ardor of their patients, some of whom died for The Flag, and some rallied to it once more, they themselves donned the private's uniform, and "carried on" in the trenches, where they felt they were now living on the highest plane. Others, stimulated tremendously by seeing modern science brutally turned against civilization, have invented many kinds of apparatus, solutions, and methods of operation to save a limb or obliterate a mutilation. They have been the interpreters for the warm-hearted civilian, for alleviating need and sorrow. At their fiat there flows across the sea a rarely interrupted stream of garments, dressings, and funds to relieve want.

It is most fitting, therefore, that we express the honor and esteem we hold for these men, who have sacrificed and accomplished much for Britain. They assumed the heaviest burden in the heat of the day. The nation owes them and their families a tremendous debt. Our hearts swell as we painfully grope towards a realization of the gaps that can never be filled, for greater bravery "hath no man than this, that a man lay down his life for his friends."

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. Gallie, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; Clarence L. Starr, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. Galloway, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. Fotheringham, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, Chas. J. Copp, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
Miss Amy A. Armour, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. Haywood, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto.

Medicine:
W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; J. H. Elliott, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. Pepler, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. Harrington, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum; Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. Watson, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. Moore, M.D., Toronto; and A. C. Hendrick, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. Mackenzie, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

* DAUFRESNE'S LATEST IMPROVEMENT OF DAKIN'S SOLUTION

BY CHARLES H. GILMOUR, M.B. (TOR.), M.R.C.S. (ENG.), LIEUT.-COLONEL, C.A.M.C.
Senior Surgeon Bramshott Military Camp.

The refinements and improvements in preparing a Solution of Hypochlorite of Soda from Chloride of Lime are so frequent that one finds difficulty at times keeping abreast with them. It has been absolutely proven beyond question that the Bleaching Powder preparations are of the greatest value as antiseptics in all surgical conditions. The hospitals which are producing the quickest and best results are using the Chloride of Lime Solution.

That the solution should be called Dakin's Solution has never seemed quite fair to us. It is quite true that Dakin published some of the early articles showing the efficacy in the treatment of war wounds by a solution containing Hypochlorous Acid, or Chloromine as he preferred to call it at that time. But at the same time a number of Edinburgh surgeons had been using Chloride of Lime solution prepared for them by Prof. Lorrain Smith, in both their military and civil surgery. To their mixture they gave the name Eusol and they reported their results, which were excellent, in a number of English and Scotch medical journals.

Too much stress cannot be put upon the technique to be employed in using the bleaching powder solution. The parts must be continuously bathed in a fresh solution. To accomplish this 4 or 5 rubber tubes having many small perforations at the sides and with the ends tied off are introduced into the wound

* Written specially for *The Canadian Journal of Medicine and Surgery.*

in different directions and attached to a glass tube that has numerous offshoots. The trunk tube is attached by rubber tubing to a glass irrigator which is filled with Dakin's Solution. The rubber tubing is fitted with a stop-cock or clamp, and every two hours both day and night the nurse opens the valve and allows just enough of the Hypochlorite Solution to flow from the irrigator to bathe the entire surface of the wound with fresh solution. With a little practice this can be done so exactly that no receptacle is necessary under the dressing and the bed is always dry. Following this treatment an old discharging sinus of months' duration will close in ten days, and the deep, penetrating wounds that formerly took from nine to twelve months to heal make a perfect recovery in three to four weeks.

The following is the latest of the Daufresne improvements of the Dakin Solution. The point to be noted in this latest formula is that the percentage of Hypochlorite of Soda must never be above 0.50% nor below 0.45%. Any variation in this percentage spells failure in the results. Over 0.50% irritates the skin and gives pain, below 0.45% does not give satisfactory antiseptic value.

FROM THE LABORATORIES OF THE ROCKEFELLER INSTITUTE AT COMPEIGNE.

(Mission of Dr Carrel.)

PREPARATION OF DAKIN'S SOLUTION.

(Technique of Dr. Daufresne.)

Dakin's Solution is a solution of hypochlorite of soda for surgical use, the characteristics of which, established after numerous trials and long experience in using, are the following:

(*a*) *Entire absence of caustic alkali.* It is absolutely necessary to employ for the treatment of wounds a solution of hypochlorite free from caustic soda: therefore, one must completely eliminate "eaux de Javel" of commerce and Labarraque's and all solutions prepared by other processes than the one given here.

(*b*) *Concentration of hypochlorite of soda must be exactly between* 0.45 *to* 0.50%. Under 0.45% of hypochlorite, the solution is not sufficiently active; over 0.50%, it becomes irritant.

Chemical Products Necessary for the Preparation of the Solution.

The three products indispensable in making the Dakin's Solution are:—

1. Chloride of lime (bleaching powder).
2. Dry carbonate of soda (1).
3. Bicarbonate of soda.

Of the three products, the last two particularly offer sufficiently uniform composition, but this is not true of the first (chloride of lime), which contains active chlorine in very large and variable proportions, and therefore must be titrated before using.

Titration of Chloride of Lime.

To make the titration of the chloride of lime, one must have:

1. A Bink's burette graduated in 1/10th of cubic centimetres.
2. A graduated pipette of 10 cubic centimetres.
3. A decinormal solution of sodium hyposulphite.

(1) This product is easily found on the market under the name of "Soda Solvay" or "Soda Carbonate of Solvay"; it is the purest sodium carbonate and it never contains caustic soda. If one cannot get it, and only obtains the crystallized carbonate (washing soda) it would be necessary (on account of the water of crystallization) to employ 2.85 times more of this carbonate than of the dry salt.

This decinormal solution of hyposulphite can be obtained on the market; but one can prepare it by dissolving 25 grammes of pure crystallized hyposulphite of soda in 1 litre of distilled water and verifying that this solution discolors *an equal* volume of decinormal solution of iodine. The decinormal of solution of iodine is obtained by dissolving in 100 cubic centimetres of water: 1.27 grammes of iodine and 5 grammes of potassium iodide.

Technique of the Titration.

Take from different parts of the jar a small quantity of bleaching powder in order to have a uniform sample, weigh 20 grammes of it, mix as well as possible in a litre of water and leave in contact a few hours. Filter.

Measure exactly 10 cubic centimetres of the clear liquid, and add 20 cubic centimetres of a 10% solution of potassium iodide, 2 cubic centimeters of acetic or hydrochloric acid, then put drop by drop into the mixture a decinormal solution of sodium hyposulphite until decoloration.

The numbers of cubic centimetres of hyposulphite employed, multiplied by 1.755, will give the weight of active chlorine contained in 100 grammes of chloride of lime.

This total being known, refer to the following table which gives the quantities of chloride of lime, carbonate and bicarbonate of soda which must be employed to prepare 10 litres of Dakin's Solution.

Percentage in Active Chlorine of the Chloride of Lime.	Quantities of Ingredients to use for Preparing 10 litres of Dakin's Solution at 0.475 % of ClONa.		
	Chlorine of Lime.	Dry Sodium Carbonate.	Sodium Bicarbonate.
20	230 gr.	115 gr.	96 gr.
21	220	110	92
22	210	105	88
23	200	100	84
24	192	96	80
25	184	92	76
26	177	89	72
27	170	85	70
28	164	82	68
29	159	80	66
30	154	77	64
31	148	74	62
32	144	72	60
33	140	70	59
34	136	68	57
35	132	66	55
36	128	64	53
37	124	62	52

Example.—If it was necessary to use 16.6 cc. of the decinormal solution of hyposulphite to obtain the discoloration, the percentage of active chlorine in the chloride of lime is:

$$16.6 \times 1.775 = 29.7 \text{ per cent.}$$

The quantities of ingredients to employ for the preparation of 10 litres of the solution in this case would be:

Chloride of lime	154	grammes.
Carbonate of soda, dry	77	"
Bicarbonate of soda	64	"

and if one has only the carbonate of soda in crystal form it would be necessary to replace the 77 grammes of dry carbonate by:

Carbonate of soda, crystallized..... 220 grammes.

Preparation of Dakin's Solution.

For preparing 10 litres of solution:—

(*a*) Weigh the quantities of chloride of lime, sodium carbonate and sodium bicarbonate, determined in the former way.

(*b*) Put into a 12-litre flask the chloride of lime and 5 litres of ordinary water (not distilled water); shake vigorously for a few minutes and leave in contact for six to twelve hours, one night for example.

(*c*) At the same time dissolve in 5 litres of cold water the carbonate and the bicarbonate of soda.

(*d*) Pour the salt solution in the flask containing the macerated chloride of lime, shake vigorously for a few minutes and wait to allow the calcium carbonate to be precipitated. After about half an hour syphon the liquid and filter with a double paper to obtain a good, clear liquid.

Conservation.

The Dakin's solution must be kept in a dark place, because light destroys the sodium hypochlorite, it is indispensable to preserve from the action of light the solutions which have to be kept for some time. A good device for the conservation of the solution consists in keeping it in wicker-covered,

dark green bottles and the addition of 5 milligrammes of potassium permanganate to each litre, stabilizes the hypochloride of lime:

Titration of the Dakin's Solution.

It is prudent to verify from time to time the percentage of the solution. This is done absolutely like the titration of chloride of lime:

Measure 10 cubic centimetres of the solutiion, add 20 cubic centimetres of 10% solution of potassium iodide, 2 cubic centimetres of acetic acid, and add drop by drop a decinormal solution of sodium hyposulphite until decoloration. The number of cubic centimetres used, multiplied by 0.03725, gives the weight of hypochlorite of soda contained in 100 cubic centimetres of the solution.

Dakin's solution is of proper strength, when it is necessary to use for discoloration, 12 to 13 cubic centimetres of hyposulphite solution.

$$13 \times 0.03725 = 0.485\% \text{ ClON a.}$$

Test of the Alkalinity of Dakin's Solution.,

To easily differentiate the solution obtained by this process from the commercial hypochlorites:

Pour into a glass about 20 cubic centimetres of the solution and drop upon the surface of the liquid a few centigrammes of phenolphtaleine in powder: the correct solution does not give any coloration, with Labarraque's and Eau de Javel give an intense red coloration, which shows in the last two solutions existence of free caustic alkali.

Society Proceedings

THE MEDICAL COUNCIL OF CANADA

Medical Council of Canada Fifth Annual Session was held at Ottawa on June 12th and 13th, 1917, under the Presidency of Dr. Walter W. White, of St. John, N.B.

There were present: Sir Thomas Roddick, Drs. E. A. Braithwaite and G. MacG. Young representing the Governor-in-Council.

Dr. C. K. Clarke, Toronto University; Dr. E. P. Lachapelle, Laval University, Montreal; Dr. G. D. Blackader, McGill University; Dr. H. A. McCallum, Western University; Dr. E. S. Popham, Manitoba University; Dr. P. C. Dagneau, Laval University, Quebec; Dr. D. F. Harris, Dalhousie University; Dr. J. C. Connell, Queens University.

From Ontario—Drs. W. S. Spankie and H. S. Griffin.
" Quebec—Drs. A. S. Simard and L. P. Norwood.
" New Brunswick—Drs. W. W. White and G. C. Van Wart.
" P.E.I.—Drs. A. MacNeill and P. Conroy.
" Manitoba—Hon. Dr. Thornton and W. Rogers.
" Saskatchewan—Drs. W. J. S. Millar and H. E. Eaglesham.
" Alberta—Hon. Dr. Brett and F. W. Craag.
" British Columbia—Dr. R. E. Walker and R. E. McKechnie.

Representing the Homeopathic body in Canada—Drs. E. M. Morgan, C. E. Engden and C. E. Jarvis.

A resolution was passed expressive of the regret of Council at the death of the late Dr. J. S. Gray, of Winnipeg, one of the original members of Council.

The President then addressed the Council viva voce and touched upon certain matters of importance in reference to the Council and to the profession at large.

The Registrar's report showed that since the 1916 meeting of Council he had registered 36 men under the ten-year clause in the Act. He also reported in detail upon the examinations conducted by Council in Toronto in June, 1916, and in Montreal in October, 1916, showing that a total of 35 had successfully passed in the two examinations and had been duly registered on the Canada Medical Register.

His report concluded with the Auditor's statement of the receipts and expenditures for the year closing March 31st, 1917.

An important request was received from the Deputy Minister of Militia requesting the Council to assist the Department by reporting on certain questions submitted concerning the supply of medical practitioners for the war from each province, and whether particular localities were being denuded of medical men to the detriment or prejudice of the public living therein and also as to the work of training medical men in the various medical schools, hospitals and public health services.

A committee consisting of Drs. A. MacNeill, D. F. Harris, G. C. VanWart, A. Simard, J. C. Connell, C. E. Engden, Hon. Dr. Brett, A. MacG. Young, R. E. Walker, was appointed by the President to consider and report upon the request of the Deputy Minister, and that its work be continued after the adjournment of Council. They subsequently met and elected Dr. J. C. Connell as chairman.

A detailed report was received from a committee of the Board of Examiners suggesting certain alterations tending to improve the existing regulations. It was favorably received and acted upon.

Two important resolutions were submitted, one upon the question of instituting a scholarship and the other upon appointing a committee to inspect and report upon the various medical schools in Canada, and they were ordered referred to the Council's solicitor and general counsel.

The Education Committee reported that an examination be ordered to be held at Montreal and Halifax on the second Tuesday in October, 1917, and at Toronto and Winnipeg coincidently on the third Tuesday in June, 1918. The report was adopted. The Education Committee also presented in detail a nomination for the consideration of the Board of Examiners for the October examinations, 1917, and the June examinations, 1918. The nomination was accepted and passed.

The Finance Committee presented a detailed written report upon the operations of the Council, which was received and adopted.

Dr. McKechnie moved and Dr. Connell seconded "That a special committee consisting of Hon. Dr. Thornton, Dr. P. C. Dagneau, Dr. J. C. Connell and Dr. C. E. Jarvis be authorized to enter into negotiations with the Provincial Councils for co-operation in conducting examinations and for the purpose of establishing the examinations of this Council as the single portal for qualification in the Dominion of Canada." Carried.

The question of dividing the examinations of the Council into a Primary and Final so that undergraduates could take the Primaries when certificated from their Alma Mater that they had successfully passed in the subjects in their respective schools was referred to the special committee, consisting of Drs. Thornton, Dagneau, Connell and Jarvis.

The whole question of reciprocity was referred for report to the same committee.

The Nominating Committee presented its report as follows: Hon. President, Sir T. Roddick; President, Dr. E. P. Lachapelle; Vice-President, Dr. R. Eden Walker; Registrar, Dr. R. W. Powell; General Counsel, Mr. F. H. Chrysler, K.C.; Auditor, Mr. G. L. Blatch, F.C.A. The report was adopted.

The retiring President, Dr. W. W. White, inducted Dr. E. P. Lachapelle in the chair.

The Council adjourned.

The following physicians have successfully passed the examinations of the Medical Council of Canada, held at Toronto during the week commencing June 19. Arranged alphabetically they are: C. G. Birchard, M. F. Cogton, E. Couture, A. B. Holmes, I. R. McKendry, I. A. Young.

THE CAVENDISH SOCIETY LECTURE

Captain A. MacPhail, of the Canadian Medical Service, formerly of McGill, who delivered the Cavendish Society Lecture before 150 of the most distinguished medical men of the kingdom, is the second colonial doctor ever honored with an invitation to address the society. Sir William Osler once having had the opportunity. After the lecture high compliments were paid Captain MacPhail.

THE ZENANA BIBLE AND MEDICAL MISSION

The Canadian Auxiliary of the Zenana Bible and Medical Mission Annual Meeting was held on June 16th, in the beautiful grounds of the President, Mrs. R. J. Fleming, Toronto. There was a good attendance of subscribers and friends of the society. Canon Dyson Hague presided. The report for 1916 was read by Mrs. R. H. Verity, and showed a record of progress and increased interest taken in India's women and children. The financial statement for 1916 was read by Miss M. A. Campbell, Deputation Secretary for Western Canada, in the absence of the General Treasurer, Miss O'Brien. The total sum sent for 1916 amounted to $16,073.75, being an increase of $673.22 on the previous year. The medical work is carried on from five hospitals, one of them being the hospital at Nasik, in the Bombay Presidency, which is maintained by Canada. In the above-named hospital there are several beds and native nurses supported by Chapters of Daughters of the Empire in Canada. After the reading of the reports and election of officers for the ensuing year a most inspiring address was given by Rev. W. A. Wilson, D.D., of the Canadian Presbyterian Mission of Central India.

News of the Month

A ROYAL COMMISSION RE THE FEEBLE-MINDED

The appointment by the Ontario Government of a Royal Commission to inquire into and report on the best means of dealing with the problem of the feeble-minded in the Province was urged by a large and influential deputation which waited upon the Hon. W. D. McPherson, Provincial Secretary, on June 20th. The deputation drew special attention to the fact that the Anglican Synod and the District Methodist Conference had recently passed resolutions in favor of the appointment of such a Commission. Hon. Mr. McPherson promised early consideration and urged the deputation to try and influence those in other Provinces of the Dominion, who are interested in the feeble-minded problem to make representation to the Dominion Government in favor of preventing the immigration into Canada of feeble-minded persons, so that when the Provinces come to deal with the problem it will not be enlarged by continual accession from other countries.

A TORONTO SURGEON'S GIFT TO THE KING

A gift of money sent by Major Napier Keefer, Toronto, to the King for His Majesty's use in whatever way he deemed suitable has been allocated: £2,000 to the Star and Garter Home for Paralyzed Soldiers; £2,000 to Nurse Cavell Homes; £1,000 for Auxiliary Officers' Consumption Hospital; £500 for Prisoners' of War Fund; £2,000 for Orthopedic Treatment, and £2,000 for treatment of deaf soldiers. The amounts thus apportioned total £9,500 ($47,500).

Surgeon-Major William Napier Keefer, whose gift to the King has been allotted by His Majesty to various institutions

for wounded soldiers, is of United Empire Loyalist descent, and is a son of the late Peter Keefer, of Galt, Ont.

Major Keefer is a M.R.C.S. of Edinburgh. In 1869 he was Assistant Surgeon in the Indian Army, and in 1881 he held the rank of Surgeon-Major. He retired in 1889.

FREE DIAGNOSIS OF VENEREAL DISEASES

Dr. J. W. S. McCullough, of the Provincial Board of Health, Ontario, announces that on and after June 20th, facilities will be provided in the Laboratories of the Provincial Board of Health, at Toronto, Kingston and London for the free diagnosis of Venereal Diseases. Outfits for taking specimens will be supplied to all physicians for this purpose. These outfits may be procured from the Laboratory of the Board, No. 5 Queen's Park, or from the Board's Branch Laboratory, Queen's University, Kingston, or the Board's Branch Laboratory, Ottawa Avenue and Waterloo Street, London, Ont.

On and after the date mentioned, outfits may be procured from the same Laboratories for the purpose of taking specimens for the diagnosis of Typhoid, Diphtheria and Tuberculosis. Sterilized bottles for sending water samples may also be procured from any of these Laboratories.

THE BATHS AT VIRGINIA HOT SPRINGS

Located just below a series of six distinct, large, flowing hot springs, the bath-house is connected with the hotel by a viaduct, so that the bather may go from his room to the bath without outside exposure. The building is handsome and imposing, and well appointed throughout. On each floor are well-furnished resting-rooms for men and women; and on the upper floor, reached by a grand stairway or by an elevator, is the Solarium —a large, comfortable hall, where the guests may rest and enjoy sun-baths, or complete quiet, or social intercourse, as they desire.

The waters are conducted by gravity to the bath-house and distributed, fresh from the ground, to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural spring. Here the arrangements are perfect. The water first sees the light in the bath-tub, or as it plays on the bather in the spout-stream, fresh from its subterranean home.

There is always a certain satisfaction in getting close to Nature, and when one can take a hot bath heated by Nature's own hand to the proper temperature, it seems, somehow, the acme of comfort and luxury. Virginia Hot Springs is the only place in the round world where this is possible.

The baths are of various kinds and combinations. That known as the spout-bath has, perhaps, produced the most wonderful and certain results by the manner in which it is administered. Its peculiar virtue consists in the combination of the mechanical or massage effect with the results derived directly from the application of the hot mineral stream.

The waters have been found to be especially efficacious in gout, rheumatism, obesity, sciatica, neurasthenia, dyspepsia in various forms, and old joint injuries.

The latest and most complete apparatus, the Richter bath, as designed by Dr. Simon Baruch, with circular, rain, and Scotch douche, hot-air and 60-lamp electric cabinets, has been installed for the treatment of nervous diseases.

The Swedish Gymnastics, Massage, and Hot-air Treatment, so successfully employed in Europe, has recently been installed at an outlay of $25,000, and is administered under the supervision of an experienced director, who will furnish applicants with full information respecting the various movements.

In the use of these waters the effects are pronounced. No one is allowed to take the baths without first consulting a physician. The company will not be responsible for the effect of baths upon the system. Like any other medicinal treatment, a course of hot baths should be taken in the way which best suits

the disorder to be cured, and this is only possible when the advice and experience of a physician superintend the treatment.

The physicians of the place are men of high standing in their profession, who thoroughly understand the properties of the waters and their uses. Their directions are carefully followed in the bathing of invalids, and they are in constant communication with the management of the company and the officials of the bath-houses as to treatment by attendants and all that concerns the operation of the establishment.

After the bath the bather may rest in well-furnished waiting-rooms, in temperatures regulated with strict care by the advice of resident physicians. The bathing attendants are among the most experienced and skilful in the country. Massage treatment is given by attendants of the highest intelligence and skill.

FUNERAL OF DR. E. Z. STIRETT

The military-naval funeral of Dr. Ernest Zavitz Stirett, R.N.S., took place on June 26th from his parents' residence, 423 Indian Road, Toronto. About fifty of the Niobe men, who were in the city, formed the guard of honor and drew the gun carriage containing the remains to Park Lawn Cemetery. The pall-bearers were members of Alpha Kappa Kappa, of which fraternity Dr. Stirett was a member.

Dr. Alex. D. McKelvey announces his removal from 193 Bloor Street East to 160 Bloor Street West, corner Avenue Road.

Capt. Frank Muir Walker, who took his M.B. degree from the University of Toronto in 1913, has been awarded the Military Cross for displaying the utmost gallantry and devotion under heavy fire, particularly when he went through a heavy barrage to some wounded men and tended them in the open for an hour. He went overseas as a lieutenant in the R.A.M.C., but is now believed to be with the Canadian Medicals. His parents live in Stoney Creek, Ont.

Selected Articles

SOLILOQUY *

By William II, Emperor of Germany.

Nigh' of July 28, 1914.

To war, or not to war—this problem mine—
Great God! Why hast Thou given to me this choice
Of Peace or War? Full well all know my power—
That my embattled hosts—my Titan brood
Of human militants—the mightiest Force
Of armed Destruction that has trod the earth
Since Time began—will follow my desire
For Aught or Naught—Life, Death or Good or Ill;
Full well I know within my heart of hearts
That War will never raise its murderous head
O'er Europe's fair domains, without my Voice
And signature. The Servian dog has sinned,
But not immeasurably; my Austrian friend
Was murdered—true—but hath the guilt been fix't?
Can I not say to Austria: "Dear Friend
And Heart's Ally—my Counsel is for Peace;
The Russian Bear already grimly growls
Defiance for his puny foster-cub;
For this we care not—but the issue grown
Will swift involve both France and England—hence,
I pray you—list to Wisdom and to Me;

Like noble Exemplar of Christ's desire
That love pervade our every act of life—
Go—seek ye first, as prayed by Servia's crown,

* By courtesy of Lieut.-Col. Alex. Primrose, Toronto.

The Hague Tribunal's aid; then none can say
In History's retrospect of this event
That Justice was not sought in peaceful way,
Nor Mercy spurned, to let thy will be done."
Aye, well might I say thus—but must I lose
This golden opportunity of Fate,
To etch my name on History's blood-writ page
In fadeless characters of Hate and Fear?
What precedent have I that love should rule
My judgment? Wherefore I— to be the first
Of all my ancestry, to CHANGE the sword—
The straight, keen, flashing, glittering, lissome blade—
To shape that idol of my dreams—the SWORD—
To coward curves of pruning-hook and plow?
Begone, the Dove of Peace! Begone I say!
Begone those lurid, fearful phantasies
Of purpling carnage—shrinking innocence
Of unconspiring victims—children dear
Who never hurted me—those little lives
That of 'soever people, race or clime,
Tear strangely at the heart-strings of all men
Who dare to claim the title—"civilized."
Down! Down all Tenderness, all Mercy, Love!
The fatal, yet clear-visioned hour has come,
When I must strike the quick, unerring blow
So nurtured in my soul those many years—
To Arms! To Arms! Let loose the Dogs of War!
By War my Kingdom was established, and
By war my kingdom must be now maintained.
Maintained? Aye, held and strengthened by the fall
Of other Empires—that in times of peace
Upbuilded mine to its great altitude
In Art, in Music—Commerce—Industry;
In Science—Government—Philosophy—
And all the avenues of Intellect.

Besides—I AM—of all the kings of Earth
The only ONE who sitteth next to God—
Who hears His mandates and long-felt Desire

That I should yoke all Europe to the Car
Of German "Kultur"—Kultur, did I say?
A Kultur, aye—of Bismarck "blood and iron"—
Bernhardi's Juggernaut of Force and Will—
And Treitschkie's self-aggrandizement—in fine,
A Kultur of Materialism's soul—
Of Body-comforts—Mammon-perquisites;

What need of any other kind of soul?
When kultured critics both of Church and State
Demolish Christ and His Divinity—
Eviscerate His Gospel—tear to shreds
By Reason's deft and errorless employ
Christ's words as contradictory, vain and false
As unattainable Philosophy.
With God whom none hath seen, I'll partner be—
To Christ whom men have seen—I'll never yield
One tithe or tittle of allegiance—aye, more—
To Caesar, I shall render Caesar's things—
To God, the things that Caesar doth not need;
No more of Moses or of Christ for me—
No more of gentleness or sacrifice—
"Thou shalt not kill"—Indeed! And wherefore not?
"Bless those that curse you"—Sanctimonious Lie!
"Return for evil, good"—Seek no revenge?
"Belove your enemies"—And be destroyed?
"Resist not evil"—No? Let evil rule?
What say'st thou Tolstoi? You who late have died—
Did you not write your lonely life away
In warning man of what you evil called—
Kings—Autocrats and Military Power?
You taught resistance passive, unto death,—
I teach resistance active during life
To all and everything that interferes,
With "Deutschland uber alles"—mark it well!
No evil rests with such ambitious aim.
Poor Tolstoi! What Prevision thine, forsooth!
What talk is this of Super-Venus, called
Commercialism! Three gigantic arms—

With three corrupting torches in her hand—
War, Bigotry and Law—then following Strife—
A Northern Literatist to rule some years!
Such arrant nonsense! Hold! Did I not hear?—
Or did I dream—that Christ returned to Earth—
"Like thief in night"—by frail ambassador
"A little child"—to teach the world anew
Of His inalienable right to rule
Mankind—and straightway issue in
The golden dawn of Earth's Millennium?
And furthermore, 'tis said this "little child"
Interprets man as in God's image made—
In Wisdom, Justice, Mercy, Truth and Love;
If such a thing is true—then what am I
To hold reserved these precious attributes
For MINE OWN people and compatriots?
Avaunt! such puling of old women's tales!
I'll claim my right of Eminent Domain—
Crush all resistance to nonentity.

But hark! In truth, I hear the Voice of Fate—
Ah me! What choice have I of War or Peace?
An Autocrat am I—upheld by Might,
And Might means only Military Power,
And Military Power means but the Will
Of titled Landlords of the People's soil,
Of vested interests in the Workman's toil:
And late this Military Power hath leaned
To one more seemingly for war than I—
Mine eldest son—my dear, wild, wayward son,
My lion's whelp—my glorious counterpart,
And rival in the Army's fond esteem:
This cannot be—my place must be assured
In History's Chronicle of men and things
As one still greater than our greatest King—
"Great Frederick"—aye—but WILLIAM?—we shall see.
Who talks of peace? What gross absurdity!
What wandering minstrel from the land of dreams

Would sing of love and peace perpetual?
What then would give distinction to the mass
Of idle, non-producing parasites
That live but by inheritance of wealth—
Who "toil not, neither do they spin" and find
One only noble occupation—WAR?
What sordid exhibition would there be
If war should cease!—No uniforms of rank—
No rattling drums, no trumpet's brazen blare—
No clattering sabre—loud mouthed cannon's roar—
All martial music drowned in monotone
Of Industry: All Merit hence to be
For kindly service in the arts of peace
And striving for the Brotherhood of man—
Not yet—Not yet—This may not—must not be.

Now I grow weary of this strain of thought—
I'll rest me for awhile and seek in sleep
Refreshment from the weary weight of woe
Previsioned in the future's fearful days.
But first I'll close this window—there—'tis done:
And may to-morrow's sun effulgent shine
On all my plans to strike the first, quick blow
That soon or late, will make all Europe mine.
Before I lay me down, I'll look once more
Upon the peaceful heavens overhead:
Thou—Great Immensity of Space and Light—
Unfathomable depths of azure blue—
I gaze upon the sparkling eyes of Night
And questing, seek thy secrets manifold—
Ye suns—ye planets—comets—asteroids—
That move in stately, grand processional
Within the Orbits fix't by natural Law
Doth Harmony pervade your circling spheres?
Or do ye try each other to destroy?
Astronomy declares ye live in peace—
Attraction and repulsion rule your orbs
To mutual advantage, health and life—
Collisions are the great exception there—

On Earth—Collisions are the rule for all—
—Then—let it be—COLLISION—and may God
Defend me, and so doing thus preserve
The only Nation worthy His concern.

But look! What's that upon the horizon's edge?
A cloud? A ghost—An apparition?—Wraith?
A spectre that most ominously rolls
Its horrid front before my staring eyes—
It parts—reforms—condenses—separates
Again—and now I spell in blood-writ type
The letters clear—yet hyphenated thus:
S-O-C-I-A-L-I-S-M—What!
How nervous and distraught my mind must be—
—I look again—and lo!—The sky is clear—
And yet doth this hallucination make
All hesitation in my purpose, void—
And straight, I'll speak the epoch-making word
Whose echoing thunders down the halls of Time
Will bring to humankind, more Want and Woe—
More Desolation, Hunger, Suffering, Strife—
Than seer or prophet ever wildly dreamed—
Come Armageddon! Welcome, Glorious War!
I'll wreathe fresh garlands for the brow of Mars—
And meanwhile, steep ten million foolish men
IN PAIN AND BRUTAL DEATH'S INCARNADINE.

A. L. C.

FOREWORD.

"If the Lord should come to earth, would He find faith?"
"I, if I be lifted up, will draw all men unto me."

This world has become too small for petty bickerings, strife and its apotheosis—WAR.

Each and every race and nation possesses merits, virtues, excellencies—called "KULTUR"—which the world, as a whole, cannot afford to do without.

The present world-war has demonstrated beyond question, that no one nation is superior, in its excellence of fighting ability, its exhibition of valor and its capacity for self-sacrifice. Then why this unholy war?

War is but an evil of COMPETITIVE EXISTENCE, and surely, the world is old enough to recognize the fundamental fact that further progress must be made by co-operation, personal, civic, national and international.

The German people—aye, and the German Kaiser himself, who has been so able and wise an administrator in all that affected the material welfare of his subjects—are but victims of age-long militarism and national insulation, which is essentially selfish and exemplified by all leading nations to-day, except, possibly, the Americans and Chinese.

If this world-war can, in great part, be attributed to a struggle for world-markets, commercial rivalry and national economic advantage, it is but another way of saying that MAMMON still rules the souls of men, and CHRIST, with His message of LOVE, stands humbled, humiliated, rejected, repudiated, despised—yea, abased and still crucified, before the FATHER who sent Him, and also before that inglorious image of God, called MAN.

Aye, the tender, ineffable, all-pitying Christ lived and died the death that man might be delivered from the bondage of selfishness, find Everlasting Life on the Cross of Love and Self-sacrifice, and grow into the Image of God—WISDOM, LOVE, TRUTH, JUSTICE and MERCY.

Autocrats, whether kings, emperors, czars or rulers of savage tribes, have personal and family and social and regnant ambitions in direct proportion to their world-eminence and the imagined responsibilities of their sinecure, and who knows how large an element of this kind was to blame for this cataclysm, which will sound the death-knell of Autocracy and Militarism, establish the realm of Christ, which is Love, effectuate the

Brotherhood of Man, and persuade the inhabitants of all climes to unite their voices in expression of their hopes and ideals, and in some such words as these:

> "Eureka! Christ is risen! Praise Thee God!
> Faith, Hope and Love imperishable, sweep
> In rushing billows, o'er the human heart,
> And turn all eyes to Thee, Great source of all,
> Let each and all enact the life of Christ—
> Let all ambition rise and set in God—
> IN WISDOM, MERCY, JUSTICE, TRUTH AND LOVE."

BOOK REVIEW

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by leading members of the Medical Profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia, Vol. II, Twenty-Seventh Series, 1917. Philadelphia and London: J. B. Lippincott Company.

Volume II of this series of "Clinics" contains some articles of decided merit and scientific interest. Among the outstanding ones are a Contribution on Typhoid Fever with Complications, by our esteemed collaborator, Dr. Llewellys F. Barker, of Baltimore, and a clinical report entitled "Jaundice with Enlarged Liver in a Young Adult" (primary carcinoma of the gall bladder), by Dr. Thomas McCrae, Professor of Medicine, Jefferson Medical College. We also were attracted by the paper on "The General Treatment of Spirit and Drug Addictions," by our good old friend, Dr. T. D. Crothers, of Hartford, Conn. The publishers are to be congratulated on keeping up the high standard of "Clinics."

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, SEPTEMBER, 1917 No. 3

Editorials

MEDICAL PERSONALITY

It is a generally accepted belief that personality, like genius, is born, not made. Like genius, also, it is equally difficult to define but quickly recognized.

Power, ability, physique, and that indefinable quality of "charm," with underlying spiritual force —all these, in greater or less measure, go to make the personality, which is so valuable an asset in any walk in life, but, possibly, especially desirable in the medical profession.

The medico for whom Nature has done much in this direction possesses immense advantage over his less fortunate confreres. And Nature is not lavish along these lines, at least under present primitive eugenic conditions. Our inherited make-up is somewhat hap-hazard; and among all the educative sciences there is none found to deal with the cultivation of personality in any direct fashion. Medical

students are taught all except the psychology of little things and their influence upon patients.

Granting first and always the possession of high professional ability, this is often stultified by faults of manner, dress, voice, or that personal atmosphere —the "aura," in fact, to use a theosophical term— which envelops the man and all unconsciously attracts or repels the patient.

A doctor cannot afford to ignore the smallest personal detail. He can acquire much and repress much. While it is impossible to overtake fine natural mental and physical endowment, careful cultivation can do much, and it is the small details that tell.

Not merely absolute cleanliness, but fastidiousness in personal dress is essential. A single grease-spot on the vest, a frayed tie, a slightly-soiled collar, or a dusty coat, will catch the eye of the sensitive patient, especially of a woman, and exercises a repugnant or repellant effect that is certainly undesired and perhaps undeserved by the doctor.

We do not cultivate the voice as we should in Canada. Many physicians have harsh or hard voices that might be modulated with great advantage to their practice.

A fine manner, unfortunately, is usually the product of early environment, and is difficult to acquire in later life, but at least the physician lacking in early practice in these things can set himself, as student and young practitioner, to learn the little

courtesies and practices that constitute the grace of social living.

It must be recognized that the sick-room or hospital ward is a place of supersensitive conditions, where small details become magnified by reason of the attention focused upon them. The patients have time to observe, and possess a doubly keen nervous condition regarding sounds, sights and touch. When outside atmosphere and normal health are theirs again details will be relegated to their proper focus.

The attractive personality of the physician has weight with the patient's friends, why not much more with the patient?

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COFF, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

Pediatrics:
ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

Medicine:
W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

Ophthalmology:
J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:
PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Contributors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

TRICHLORACETIC ACID IN DERMATOLOGY *

BY DR. W. H. B. AIKINS, TORONTO.

Trichloracetic acid has been for some considerable time used by dentists and in the treatment of certain affections of the nose and throat both in Europe and America, but its employment in Dermatology dates from a comparatively recent period, and even at the present time its therapeutic qualities in this connection are by no means universally recognized. This is chiefly owing to the fact that it has received but little notice in dermatological journals and text-books. As regards the latter, even in those which have been most recently published, the subject is usually dismissed with a few brief remarks to the effect that in the local treatment of verruca vulgaris and certain other conditions the application of caustics, including trichloracetic acid has sometimes been found beneficial. The most favorable reference to the remedy which I have been able to find in a text-book of dermatology is contained in that published a short time ago by Stelwagon,[1] in which he states that trichloracetic acid, either in the form of deliquescent crystals or a saturated solution, has a somewhat superficial discutient and caustic effect, and is extremely useful in certain diseases of the skin, including seborrhoeic and senile keratosis, warts, moles, xanthoma, etc.

The first suggestion in regard to the possibility that trichloracetic acid might prove serviceable in dermatology is contained in an article published by Alfred Lenz,[2] in 1891, dealing with local applications of a solution of 20 per cent.

* Read before the Academy of Medicine, Toronto.

trichloracetic acid in chronic urethritis. In it he refers incidentally to the successful results of similar treatment in cases of papillomata, warts, pigmentations of the skin, etc., but his remarks apparently did not excite much attention, as no further literature appeared on the subject for several years.

In 1908 Unna pointed out that trichloracetic acid has a strong influence upon keratin, and also acts as a disinfectant in regard to the horny layer of the skin. Owing to these characteristics he has found it useful, preferably applied in the form of pastes or unguentum plumbi, in many dermatological conditions, including keratoma, hard naevi, warts, callous margins of ulcers, dry scaly catarrh of the skin, xanthoma, condyloma, soft naevi, angioma, keloid and scar cicatrix. He states that it has a direct influence upon the follicular orifices, and causes swelling of the collagenous bundles of the upper layer of the cutis. He does not recommend it in cases of lupus, owing to the fact that it tends to set up inflammation, and may therefore have a harmful effect. In his opinion it has the advantages that it is easy of application, may be conveniently diluted with water, and may also be used as a vapor pack.

W. K. Sibley[3] also refers briefly to trichloracetic acid as a substitute for carbon dioxide snow in the treatment of warts, and to its application in cases of xanthoma. He dissolves a few crystals of the acid in the smallest quantity of water which is sufficient for the purpose, and applies the solution by means of a glass rod, using fairly firm pressure. For xanthoma he applies it sparingly to the affected area, preferably at first diluted with an equal quantity of water.

Stelwagon reports satisfactory results in true keratosis senilis, which exhibits a wart-like development, and has proved refractory to ordinary treatment. This also applies to seborrhoeic warts and other senile changes in the skin. His method consists in careful application of the trichloracetic acid, washing it off immediately the patch becomes white. A soothing application is subsequently used. By this treatment he usually succeeds in arresting the progress of the condition. For xanthoma he uses trichloracetic acid. The application of the acid is limited strictly to the area affected, and it is diluted

with an equal part of water if the skin is delicate. The local reaction which follows is dealt with by soothing applications, such as vaseline or cold cream. Two or three repetitions of the treatment may be necessary. In some of Stelwagon's cases the xanthoma completely disappeared, but in the majority of them it was only rendered less conspicuous, and there was always a tendency to recurrence. Recurrences also occur in cases treated by electrolysis, but in his experience are less common than in those treated by the trichloracetic acid method.

Within the last few years some interesting articles have appeared in various journals, which deal with the subject in a more detailed manner, and indicate the possibility that this remedy may in future occupy an important position in the treatment of dermatological conditions.

Technique. Knauer,[4] in a paper published in 1911, reports that he has had a fairly extensive experience in the use of trichloracetic acid, and states that he thinks it probable that it will replace carbon dioxide snow in most, if not all cases. The facility with which trichloracetic acid can be applied, and the fact that it can be kept without deterioration for a practically unlimited time, provided no air or moisture is allowed to enter the receptacle containing it, gives it a decided superiority to carbon dioxide snow. In regard to this latter characteristic he mentions that he has recently used with success a solution which has been kept for no less than five years. It may be prepared in fresh solution from the crystals every time it is used, though in his opinion this is quite unnecessary, or it may be used as an old solution, which is equally effectual as long as it is kept closely corked and free from extraneous moisture.

The trichloracetic acid may be placed upon the skin by means of a glass rod, varying in thickness in accordance with the size of the area which requires cauterization, or by absorbent cotton tightly wound on a probe. Owing to the fact that the acid has strong caustic properties its use must be strictly limited to the area to be treated, and it is often desirable to define the limits with a protective ring of vaseline or collodion, which must be symmetrically rounded, and to hold some cotton wool in the left hand in order to be able to mop up immediately the slightest excess of acid.

As regards the concentration of the solution, it is usually advisable to make it very strong, a drop of water being sufficient for a few small crystals of the acid, as even a strong solution does not cauterize very deeply. The strongest solution will scarcely cauterize at all if lightly applied and thinly spread over the area affected. On the other hand if pressure is employed, and the glass rod is applied repeatedly after being dipped in the acid, it is often possible to completely cauterize a quite thick wart in one sitting. For small superficial lesions a single application is usually all that is necessary, but the larger, more deeply situated or more elevated ones require two or three, and often one or more repeated applications at seven to fourteen days intervals. In the latter case the treatment should be continued until the mass is shrivelled and contracted to a small firm nodule.

Montgomery and Culver (San Francisco)[5] were first induced to use trichloracetic acid in the treatment of skin affections by seeing a patient who had previously been treated for seborrhoeic keratosis by Davis, of Philadelphia, the results being so good from a cosmetic point of view that all the natural markings of the skin were retained. Up to that time they had used salicylic acid and sulphur in cases of keratosis, and had obtained marked improvement, but no cure. They give the following description of their technique:

The crusting, if considerable, is in the first place removed by the cautery or curette and either the crystals themselves or a saturated solution of them well rubbed into the surface of the skin. They agree with Knauer that if a solution is employed it should be as strong as possible, and in making it they do not add sufficient water to completely fluidify the crystals. Even blood or serum on the surface of the skin will dilute the acid in such a way as to reduce its effect. The acid is well rubbed into the spot, and allowed to remain for a few minutes before stopping its action by soaking with water. This should be done when the cauterized area becomes white, which is usually in a few seconds. They regard this as a most important part of the technique, neglect of which may lead to overaction of the acid. The skin should be thoroughly mopped by wads of cotton wool soaked in water, and the process continued until the

patient no longer experiences any burning sensation. They point out that this dilution of the acid by water is of considerably more importance in the case of the skin than in dealing with dental conditions and those affecting the throat, as in the latter the surfaces are kept constantly wet with sputum and mucus, thus minimizing the risk of excessive action of the acid, Although they have been extremely cautious in this respect when using trichloracetic acid for skin diseases, they find that it sometimes cauterizes very deeply. The difference in their experience and that of Knauer, who states that even a strong solution does not cauterize very deeply, is probably due to the fact that, judging from their description of the technique which they employ, they are in the habit of using a certain amount of pressure when making the application.

Indications. It is recommended as a substitute for carbon dioxide snow in the treatment of conditions affecting comparatively small cutaneous surfaces, down to warts the size of a pin's head, and isolated pigmentations of the skin. In the treatment of conditions affecting extensive areas carbon dioxide snow still appears to retain its superiority. A great advantage of trichloracetic acid, as compared with carbon dioxide snow is the possibility of easily obtaining solutions of very various degrees of concentration.

Results. After the application there is a certain amount of local reaction, the area to which the acid has been applied becoming snow-white, whilst the surrounding tissue manifests slight temporary hyperaemia. Vesicle formation does not occur. The surface becomes dry in a few days, leaving superficial crusts, which fall in the course of seven to ten days, leaving the skin temporarily reddened or pigmented. There is as a rule no permanent disfigurement. It should be pointed out that if the true or connective tissue part of the skin is involved a smooth white scar will invariably result, and in some instances a keloid scar. This applies to every case of epitheliomatous degeneration of the skin.

Opinions appear to differ in regard to the beneficial effect of trichloracetic acid in dermatological conditions. Kromayer[6] thinks that in the treatment of pigment anomalies it has the great disadvantage that its effect cannot be definitely limited,

so that it is sometimes too superficial, and therefore fails to attain its object, whilst in other instances it cauterizes too deeply, and results in cicatrices. In dealing with warts, naevi, cutaneous tumors, etc., his experience indicates that the effects are very indefinite, although good results may be obtained in isolated cases.

In senile keratosis, which is often most refreatory to the ordinary methods of treatment, and even to the x-rays, excellent results have been obtained. It appears to have a selective action upon fatty epithelium, and to be an excellent keratolytic.

Heidingfeld has used trichloracetic acid with success in a great variety of conditions. He has used it, with the most gratifying results in a large number of dermatoses, including warts, papillomata, warty naevi, hairy naevi and telangiectasis.

In moles and circumscribed pigmentations the results have been uniformly satisfactory. In papillomatous naevi the first application is often followed by destruction and removal of the central portion of the growth, with crateriform preservation of the margins, requiring further treatment. All forms of warts have been very responsive to the treatment, above all, cases of verruca vulgaris around the finger nails and infectious warts of the feet. Infectious warts of the feet are not infrequently diagnosed as soft corns, which it is scarcely necessary to say, are extremely painful, and render walking a very uncomfortable process.

I have had immediate favorable results in cases of lupus vulgaris, lupus erythematosus, but these cases have not been observed for a sufficiently long time to allow of any definite conclusion as to the value of the treatment.

Watanabe and Fujitami,[1] also report a case of lupus erythematous which was completely cured after ten applications of a twenty-five per cent. solution of trichloracetic acid. They have found it useful in naevus pigmentosus, lentigo and chloasma, using ten, twenty-five and fifty per cent. solutions in single and repeated treatments.

1. Stelwagon, *Diseases of the Skin,* 1913, 123, etc.
2. Alfred Lenz, 1891, Band XIII. p. 271.
3. W. K. Sibley, *Treatment of Diseases of the Skin*, 1912, p. 248.

4. G. Knauer, *Munchen Med. Wochens,* 1911, LVIII. 512.

5. Montgomery and Culver, *Jl. Cutaneous Diseases,* 1912, XXX. 523.

6. Kromayer, *Deutsche. Med. Wochenschrift,* 1913, XXXIX. p. 2177.

7. Watanabe and Fujitami, *Japanische Zeits, f. Dermat.,* May, 1912, p. 27.

134 Bloor Street West.

DEATH OF MRS. (DR.) H. J. HAMILTON

We take this opportunity of extending to our confrere, Dr. Herbert Hamilton, our sincere sympathy and that, we feel sure, of the whole profession, on the death of his wife a few weeks ago. Mrs. Hamilton had been confined to her room for a long time, but bore all her suffering with Christian patience and fortitude.

Militia and Naval Medical Services and Ambulance

ANOTHER MEDICAL OFFICER AWARDED THE MILITARY CROSS

Among those awarded the Military Cross during the past few weeks was Captain (Dr.) W. G. Cosbie, of Toronto.

Captain W. G. Cosbie led the bearers under heavy fire and rescued many wounded continuously for 48 hours. He is the son of Mr. R. W. Cosbie, of 30 Douglas Drive. He went overseas with a second contingent battalion as Medical Officer in November, 1915. Multiple gunshot wounds sent him to Hyde Park Place Hospital in May last, after which he came to Canada on furlough. On his return to France he was attached to the Canadian Field Ambulance in France. He is an old U.C.C. boy and graduated in medicine from the University of Toronto. He is a member of the Alpha Epsilon Greek Letter Society and the Royal Canadian Yacht Club. He was prominent in athletics at both Upper Canada and Varsity.

Lieut.-Col. David K. Smith, who up till recently was identified with the University Base Hospital at Saloniki, has returned again to Toronto on account of a recurrence of malarial fever, contracted while in Greece. It is expected that Lieut.-Col. Smith will be attached to some unit in Canada. By the same ship arrived in Toronto Lieut.-Col. Donald McGillivray. Lieut.-Col. McGillivray was on board a transport which was torpedoed in the Mediterranean in the month of June, but, notwithstanding his exposure, is again in pretty good health.

Dr. J. Wallace Smuck, Toronto, recently enlisted with the C.A.M.C.

Drs. E. G. Hodgson and R. J. McMillan left on August 10th for New York, whence they sail for England to go on active military service.

Dr. Arthur Winters, formerly in practice on North Yonge Street, Toronto, who was in England doing graduate work when war broke out, is now A.D.M.S. Quebec Military District, with the rank of Lieutenant-Colonel.

Dr. A. S. Moorehead left Toronto three weeks ago for New York en route to France, where he has received an appointment in the R.A.M.C. Dr. Moorehead expects to be at one of the Casualty Clearing Stations, over which Dr. Bruce has charge.

The Military Cross has been awarded to Captain Frank L. McKinnon, B.A., M.D., of Winnipeg, and to Captain Frank M. Walker, M.D., of Stony Creek, Ont., for conspicuous bravery shown in the carrying out of duties in connection with the Royal Army Medical Corps.

Captains Ashley Cooper Johnston and Charles Goldie Sutherland have been awarded the Military Cross—Captain Johnston is from Cowley, Alberta. He took his M.D., C.M. from Trinity in 1903. Captain Sutherland came to the University of Toronto from Albany, N.Y. He was an M.B. of 1907.

Certificates of both Lieutenancy and Captaincy have been awarded to the following probationary Lieutenants of the A.M.C.: F. A. Brockenshire, R. J. W. Brooke, O. J. S. Little, W. H. Dudley, W. J. Laurie, J. D. MacDonald, J. R. McRae, A. H. McMurchy, J. F. Palling, H. M. Macdonald, W. N. McCormick, S. A. Wilkinson, J. V. Frazier, C. A. M. Thrush, A. F. Hykert, J. D. MacLean, J. R. MacLean and R. Howey.

Society Proceedings

DUFFERIN DOCTORS ORGANIZE

The medical men of the County of Dufferin have organized. At a largely-attended meeting held in Shelburne on July 3rd, when nearly all the medical practitioners of the county were present, an Association was formed, to be known as "The Dufferin Medical Society."

Dr. Marlow gave a very interesting and instructive address on "Acute Abdominal Pelvic Conditions in Women."

THE CANADIAN PUBLIC HEALTH ASSOCIATION

The Sixth Annual Congress of the Canadian Public Health Association is to be held in Ottawa on September 27th and 28th. The Canadian Association for the Prevention of Tuberculosis will meet at the same place on September 26th. Furthermore, the Canadian Conference on Charities and Correction meets in Ottawa also, during the early part of the same week.

The Association invites the attendance of the Profession at the meeting. The C.P.H.A. will discuss two or three very important questions. The subject of National Health Insurance will for the first time in Canada be adequately dealt with. Foremost authorities on the continent will participate in the Symposium on the subject, which will take place on the first afternoon.

Further, Venereal Diseases in their military and civilian public health aspects are to be dealt with. This is a subject

of the utmost importance. The questions of infant welfare, child hygiene, etc., are also to receive attention. A separate section meeting of laboratory workers is also being arranged.

Special railway rates from all points East of Fort William have been obtained from the Eastern Canadian Passenger Association, fare and one-third, plus 25 cents on the certificate plan.

Mark these dates, September 27th and 28th, on your desk calendar pad and arrange to be in Ottawa and attend these meetings. Let the Public Health workers in Canada show by the size of their sixth annual meeting and the importance of their contributions that they are second to none in their interest in the welfare work of the Dominion of Canada.

Those who wish to contribute papers should submit titles and also the length of time required to read the paper to the General Secretary, not later than August 15th next.

Obituary

Dr. Archibald McTavish, of St. Thomas, Ont., died at the Amasa Wood Hospital on August 1st, aged eighty-one. Dr. McTavish was born in North Yarmouth and practised medicine for a number of years at Staffa.

Dr. Wm. Keagan, a prominent homeopathic physician, of Rochester, N.Y., died suddenly on August 8th. The doctor was born in London, England, in 1861, and came to Canada with his parents, and was educated in Peterboro' Collegiate Institute.

Selected Articles

THE TREATMENT OF BURNS BY PARAFFIN

BY LIEUT.-COLONEL A. J. HULL, F.R.C.S.,
Royal Army Medical Corps.

Dr. Barthe de Sandfort introduced a treatment for burns by means of a preparation of paraffin which he called ambrine. The treatment consisted in washing the burns with sterile water, drying, and painting or spraying a layer of ambrine over the surface. The surface was then covered with a thin layer of wool, and a second coat of paraffin applied. The paraffin solidifies almost instantaneously, and a thicker layer of wool and a bandage are then applied. The paraffin preparation, ambrine, is a secret one, and the property of the Ambrine Company, Paris.

Observations of Dr. Barthe de Sandfort's treatment, and experiments with ambrine, carried out in a military hospital, gave one the impression that the treatment was valuable. Burns healed with rapidity; constitutional symptoms rapidly abated; pain was reduced to a minimum; scarring appeared to be obviated, or at any rate was not apparent. The need for grafting large burns appeared to be avoided. The burns healed so rapidly with healthy granulations that there appeared to be nothing to be gained by grafting. The patients were singularly free from sepsis. The conclusion arrived at from experimenting with the ambrine treatment was that mild burns healed with singular rapidity, and severe cases recovered which would have been unlikely to recover by the ordinary methods of treatment. Observers who had had large experience of burns treated by

picric acid, ointments, and other methods in ordinary use, were unanimously of opinion that the paraffin method was superior to the older methods. The experience of those who had witnessed the results of burns after liquid fire attacks was that the ambrine treatment would save many lives, and accelerate the recovery of all burns.

A preparation resembling ambrine may be produced by impregnating hard paraffin with a small quantity of tar. The substance is not in very good solution, and falls to the bottom of the paraffin when the wax is heated. The excellent results obtained would therefore appear to be due to mechanical causes. Th protection of the burn from the air, the protection of the newly-formed granulations from damage, the splint-like effect of the wax in holding the damaged tissue immobile and at rest, appear to be the attributes which produce the effect. The heat of the applications and the conservations of heat to the surface may encourage the lymph flow, determine the supply of blood to the new capillaries, and favorably affect healing. The relief from pain and rapidity of healing is due to the fact that the burn is held at rest in a plaster-like cast of paraffin, and a suitable nidus in which the epithelium will proliferate is provided.

The absence of scarring depends upon the fact that skin can be reproduced in two ways. First, by direct proliferation of the epithelium in the depth of the wound. This method of healing is only possible in wounds of the first and second degrees, which form the vast majority of all cases of burns coming under treatment. Secondly, by the extension of the epithelium from the edge of the wound in cases of burns of the third and deeper degrees. These burns are comparatively rare, and are the only cases suitable for grafting. The effect of the paraffin in the first class is to protect and stimulate the growth of epithelium, islets of which can be seen growing over the base of the burn. In the second class the epithelium spreading from the edge is protected and stimulated.

The first point to be determined was whether equally good results could not be obtained with commercial paraffin, section wax, or similar pure hard paraffin. The ambrine preparation has peculiar and valuable mechanical properties. It has a lower melting point than ordinary section wax, is much more plastic

when cooling and has not the tendency to crack which ordinary hard paraffin has. It also adheres well to the skin and is not liable to slip after a dressing is applied.

Hard paraffin is not a suitable application in its raw state; it lacks the mechanical properties of ambrine; there is an absence of the flexibility and adhesiveness which ambrine possesses. I found that if hard paraffin of suitable melting point be subjected to a temperature of 130° C. by means of superheated steam, the melting point was reduced about 2° C., and the hard paraffin now possessed the mechanical properties of ambrine. The therapeutic value of ambrine appears to be entirely mechanical, and I suggest that the processes of impregnation with tar or other substances are associated with the application of superheated steam, and that it is this superheated steam that is the essential process in its manufacture. The clinical results of the application of hard paraffin—treated with superheated steam—to burns appear to me to be indistinguishable from those of ambrine.

Better results are obtained by the addition of certain antiseptic and stimulating substances. The wounds become clean more rapidly, pain is decreased, and the offensive smell associated with the ambrine dressings is avoided, and the burns heal more quickly. It was found necessary to change the treatment of sluggishly-healing burns treated by ambrine to a paraffin containing an antiseptic. The change was always beneficial. The argument that an antiseptic will destroy the saprophytic action of bacteria and will retard the treatment has not been borne out by clinical experience.

It is unnecessary to describe in detail the various experimental preparations. Laboratory experiments were made with a view to impregnating paraffin with various antiseptic substances —resin, essential oils, and tars. Experiments were made in order to produce a paraffin possessing the requisite melting point, plasticity, and adhesiveness. Cases were treated in the burn wards with various experimental preparations. Tar preparations were at first used; paraffin impregnated with oil of eucalyptus proved more efficacious. In order to obtain a painless treatment experiments were made with paraffin preparations containing analgesic substances. Potassium sulphate was used in one successful preparation (No. 4 paraffin), but was discarded

as unnecessary in later preparations. After progressively improved results, a paraffin was finally arrived at having the mechanical properties of ambrine and containing a small amount of antiseptic. This is now in routine use known as No. 7 paraffin.

The results obtained by the use of No. 7 paraffin have surpassed the results obtained by ambrine or any other tried preparation. Severe burns of the third degree, accompanied by sloughing, and in a very septic condition, have cleaned and taken on healthy repair under this treatment, after a trial of the ambrine treatment. Severe burns of both palmar and dorsal surfaces of the hands, extending to the tendon sheaths, have healed in three weeks without contracting cicatrices. Extensive burns of the flexor surfaces of the limbs, the regions most likely to be altered by contracting cicatrices, have healed without apparent scarring. Burns of the face heal with a new healthy skin without scarring.

Severe burns due to cordite, petrol, and liquid fire have been healed with this preparation; there have been no untoward results.

Patients who have been admitted with septic burns of extensive areas have rapidly recovered from constitutional symptoms, the temperature usually becoming normal in a few days.

The treatment is practically painless, and patients rarely complain of pain after the first application. It has never been found in the least necessary to give an anesthetic for the first or subsequent dressings. The rapidity of healing, the absence of sepsis or pain, the healthy new skin resulting, without contractile cicatrices or deformity, have been really remarkable. Burns become clean more rapidly than under ambrine treatment. Sloughs of deep tissues, in some cases down to bone, readily separate, and the burns become clean.

Method of Treatment.

The paraffin treatment is begun at the first dressing; very exceptionally, in very septic burns, the paraffin is replaced by hot boric fomentations for two days after two days of paraffin treatment.

The burn is washed with sterile water and dried. The drying is accomplished by placing a dry piece of gauze over the

burn. An electric drying apparatus, such as is used by a hair-dresser for drying hair, if available, is a convenient method of drying the burn.

The burn is next covered with a layer of paraffin at a temperature of 50° C. The No. 7 paraffin has a melting point of 48° C. The temperature may be estimated by waiting until the wax shows a solidifying film upon the surface. A broad camel-hair brush, sterilized in wax, has been found to be a rapid and painless method of applying the paraffin. A spray may be used, but sprays readily get out of order, are troublesome to use, and the dressing takes longer. In theory a spray should be used in order to prevent any damage to the epithelium. In practice we have found a brush, skilfully used, sufficiently satisfactory. Sprays are indicated in very painful cases. A metal spray of rather large bore should be employed. The spray must be immersed in hot water during use.

A thin layer of cotton-wool, cut the same size as the area of the burn, is placed over the wound after the first layer of paraffin has been applied. This layer of wool is covered with a second layer of paraffin. The wool is cut in thin sheets and pressed between layers of paper in order to obtain thin layers of wool. The dressing is completed by applying wool and bandage. The burns are usually dressed daily. In the later stages, when the burn is clean and only a small amount of pus is formed, the dressing is changed every forty-eight hours.

Blisters are not interfered with in any way at the first dressing, the paraffin is applied after washing the burn. At the second dressing the dead layers of skin are cut away. Sloughs usually separate after a few dressings. The separation of sloughs is accelerated by applying a layer of jaconet over the wool and paraffin beneath the wool and bandage dressing.

FORMULA FOR NO. 7 PARAFFIN.

Resorcin	1 per cent.
Eucalyptus oil	2 "
Olive oil	5 "
Paraffin molle	25 "
Paraffin durum	67 "

Melt the paraffin durum, and add paraffin molle and olive oil. Dissolve the resorcin in absolute alcohol (soluble 2 in 1), add the alcoholic resorcin, and lastly add the eucalyptus oil when the wax has cooled to about 55° C.

A smaller amount of resorcin may be used. The whole of the resorcin does not remain in suspension, and we have used a paraffin containing 0.25 per cent. resorcin with good results.

Difficulty having been experienced in obtaining resorcin in large quantity, beta napthol, which has the additional advantage of being a cheaper antiseptic, has been substituted for resorcin in more recent preparations, as follows:

Beta napthol	0.25	per cent.
Eucalyptus	2.0	"
Olive oil	5.0	"
Paraffin molle	25.0	"
Paraffin durum	67.75	"

We have employed No. 7 paraffin in certain stages of the treatment of trench feet. The mode of application of paraffin to the ulceration following frost-bite is in every respect similar to the application of paraffin in the treatment of burns, and the results have been equally satisfactory.—*Exchange.*

Dr. Wm. Sellers, in *The Medical World,* says regarding pellagra: "A restricted diet and intestinal antiseptics, together with warm alkaline baths, are essential to a cure, but the arsenical preparations, quinine and iron, are certainly as nearly specific as anything yet proposed, notwithstanding the opinion of some authors to the contrary."

The Physician's Library

Anatomical Names, especially the Basle Nomina Anatomica ("B.N.A."). By Albert Chauncey Eycleshymer, B.S., Ph.D., M.D. Assisted by Daniel Martin Schoemaker, B.S., M.D. With biographical sketches by Roy Lee Moodie, A.B., Ph.D. Octavo, 764 pages, illustrated by numerous wood engravings and by two full-page plates in red and black. Extra muslin, $4.50 net. New York: William Wood & Company.

This volume will be found of very great interest and value. The author has tabulated the anatomical terms which were introduced by the Anatomical Society at its annual meeting in Basle, Switzerland, in 1895. The object of the Basle nomenclature is to simplify the classification of anatomical structures. There is no doubt that in the near future the Basle nomenclature will completely replace the old anatomical terms. Practically all our recent works on anatomy have adopted the new terms, and they are used in teaching in most modern anatomical departments, for example, in the University of Toronto. There is bound to be confusion between the old terms and the new during the lifetime of the present generation, but, subsequent to that, the benefit of the simplified nomenclature will become apparent. Its usefulness, even at the present time, is obvious.

The work at present under criticism is an attempt to simplify matters during the transition stage. The author has completed an extensive "Index and Synonym Register," in which he has included not only the B.N.A. terms, but, in addition, most of the Latin and English equivalents. The work also includes a very complete series of short biographical sketches of noted anatomists whose contributions to science have been of recognized value from ancient times to the present.

There is an interesting chapter which consists of a series of explanations indicating the reasons why the Basle committee adopted certain names for anatomical structure in different parts of the body. The book contains 744 pages, and will be found invaluable to the student in anatomy and to any graduate in medicine who wishes to keep abreast of the times.

An Index of Differential Diagnosis of Main Symptoms, by various writers. Edited by HERBERT FRENCH, M.A., M.D. Oxon, F.R.C.P. Lond., Physician, Pathologist and Lecturer, Guy's Hospital: Consulting Physician to the Radium Institute. Second Edition, with 37 colored plates and over 300 illustrations in the text. Bristol: John Wright & Sons, Limited. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. Toronto: The Macmillan Co. of Canada, Limited. New York: William Wood & Co. 1917.

It is but five years since the first edition of this volume came off the press. It is certainly one of the most important works on differential diagnosis that has been published in a decade, and we congratulate both author and publishers on its scientific and mechanical excellence. In the second edition the volume has been thoroughly revised and a good deal of new material added. The elaborate index is a splendid feature and adds greatly to the value of the book. The illustrations in black and white are beautifully done, though some of those in colors are a little overdone.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. 1, 27th series, 1917. Philadelphia and London: J. B. Lippincott Company.

Among the Canadian contributors to the different volumes of the twenty-seventh series of "Clinics" will appear the name

of Dr. Lewellys Barker, of Baltimore. We look forward to his contribution, and trust it will appear at an early date. Volume One contains a number of particularly good articles. One of particular interest deals with "The Medical Treatment of Poliomyelitis," by Dr. Curran Pope, of Louisville, Kentucky. Another one well worthy of careful reading is entitled "The Tangled Skein," from the pen of Dr. J. Madison Taylor, Professor of Applied Therapeutics, Temple University, Philadelphia, Pa. This latter contribution bears a sub-title, "Memoranda on Neglected Psychopathics." It takes up and refers in no uncertain tone to "the perilously hyperoptimistic assertions of the Eddyites," "New Thought," etc. The author states "Vast numbers of those who have had the best care of Eddy-otheropists are drawn to seek advice of competent physicians." The article is alone worth the price of the volume. The publishers of "Clinics" announce a new feature, viz., that actual live clinics, as given by many eminent teachers, will appear in this year's series.

Food and the Principles of Dietetics. By Robert Hutchison, M.D. Edin., F.R.C.P., physician to the London Hospital; physician, with charge of out-patients, to the Hospital for Sick Children, Great Ormond Street. Author of "Lectures on Diseases of Children," "Patent Foods and Patent Medicines," "Applied Physiology," joint author of "Clinical Methods." With plates and diagrams. Fourth Edition. New York: Wm. Wood & Company. 1917.

The subject of this book is almost totally neglected in the ordinary medical education, and, as a consequence, the medical practitioner is not qualified to adequately advise his patients along these lines.

The book is based on a course of lectures delivered to the students of the London Hospital with some revisions and additions, as the chapters on Vitamines, and the patent and proprietary foods.

There are three chapters devoted to feeding in infancy and childhood, and two on feeding in disease. The author evi-

dently understands the student, as he has presented his subject in a plain, concise, and interesting manner.

Although specially designed to meet the requirements of students and practitioners of medicine, yet it would prove intelligible reading for anyone desiring a knowledge of foods and the problems of nutrition. This is the fourth edition, and the work has established itself a standard on dietetics, and should be on the shelves of every medical library. W. H. P.

Roentgenographic Diagnosis of Dental Infection in Systemic Diseases, by Sinclair Tousey, A.M., M.D., Consulting Surgeon, St. Bartholomew's Clinic, New York. Published by Paul B. Hoeber, New York. Price, $1.50.

Examination of the oral cavity and pneumatic sinuses of the head by means of the X-ray has, of late, come very much into vogue. Abscesses and pathological conditions that gave no external sign of their existence have been shown to exist by the X-ray photograph. These pathological conditions are supposed to be the cause of many systemic diseases.

Roentgenographic diagnosis is comparatively new, and some time must elapse before one would be sure whether one symptom was a cause or an effect or an accidental condition. The author, in his little monograph of seventy-two pages, gives many instances of cases which have been cured by timely attention to diseased conditions of the teeth. Some of the diseases which are supposed to be the result of pathological conditions of the mouth are tuberculosis, neurasthenia, arthritis, pleurisy, endocarditis, meningitis, hemiplegia, neuritis, neuralgia, tic-douloureux, sciatica, paroxysmal cough, and arterial hypertension. Cardiac lesions secondary to dental infection with its accompanying rheumatism, nephritis or neuritis were found in twenty-three out of thirty-one cases. In cases of exophthalmic goitre an X-ray examination is considered necessary. Also for disease of the eye and ear and for gastric ulcer.

The result seems to be that in making a general examination of the patient an X-ray photograph of the mouth should be secured, as in like manner an examination is made of the lungs, the heart, the kidneys, the blood, etc. R. J. R.

Modern Methods in Nursing. By Georgiana J. Sanders, formerly Assistant Matron at Adderbrooke's Hospital, Cambridge, England; formerly Superintendent of Nurses at the Massachusetts General Hospital, Boston. Second edition, thoroughly revised. 12 mo. of 900 pages, with 217 illustrations. Philadelphia and London: W. B. Saunders Company. 1916. Cloth, $2.50 net.

This good book shows all the thoroughness betokened by the above brief sketch of its energetic author. Much of the information it contains should be spread broadcast for the laity by some such methods as the Red Cross Society now employs. Much should be read by the parents of would-be probationers, to help them choose a hospital to be trained in. The book is very comprehensive, giving in accurate, fine detail all any nurse needs to know during her hospital career, in many departments, medical and surgical nursing, operating-room work, dietetics, bacteriology, etc. the chapters on ward management being particularly good. Nowhere is anything omitted bearing on the care of a patient with comfort and daintiness.

Piccadilly Jim. By Pelham Grenville Wodehouse, author of "Uneasy Money," etc. Illustrations by May Wilson Preston. Toronto: McClelland, Goodchild & Stewart, Limited.

This is a good story and one that a busy Medical Practitioner will enjoy to pass away an idle hour during a summer evening. A doctor going on his vacation can make no mistake in putting a copy of "Piccadilly Jim" in his grip.

Nitrogen Narcosis, published by Reed & Carnrick, Jersey City, N.J.

We would suggest that any physician in Canada who has not received a copy of the above booklet should ask the publishers for one, as it is well worthy of careful perusal. It is published on very fine coated paper and contains colored illustrations, beautifully executed, showing a series of rare and unusual con-

ditions of the kidney. As the publishers announce in their preface: "Man, apparently healthy, frequently receives his first intimation that he is suffering from a diseased condition of the kidneys, when rejected for life insurance."

The human economy always attempts to accommodate itself to a slight disturbance of the kidneys, or any other vital organ, and the disease progresses insidiously. Frequently, a pathological condition can exist for a considerable length of time before disarrangement of the general system directs attention to the seat of the difficulty.

Up to the present time too little attention has been paid to the nitrogen output, and, since the retention of nitrogen, or rather of nitrogenous bodies—subsequently resulting in Nitrogen Narcosis—is frequently the first and often the only prodromal symptom indicating the approach of disease of the kidney, it is the purpose of this booklet to draw especial attention to its etiology, significance and method of treatment.

We congratulate Messrs Reed & Carnrick upon this beautiful piece of printing.

Emergency Surgery. By John W. Sluss, A.M., M.D., F.A.C.S., Associate Professor of Surgery, Indiana University School of Medicine; ex-Superintendent Indianapolis City Hospital; Surgeon to the City Hospital. Fourth edition, revised and enlarged with 685 illustrations, some of which are printed in colors. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

It must be a source of gratification to the author of this book to think that, in so short a time, he has had to revise it no less than three times. The fourth edition now appears to a large extent rewritten, particularly that portion devoted to "The Surgery of War," something quite timely, in view of our Allies to the South having so recently taken the plunge in behalf of civil and religious freedom. Readers will find that "Wound Infections" is right up to date, the author having incorporated in that section the latest experiences and practice emanating from the European battlefields.

Dreams: What They Are and What They Mean, including a section on "Psycho-Analysis" or The New Interpretation of Dreams, by J. W. Wickwar. Publishers: A. & F. Denny, 147 Strand London, Eng.

The British Medical Journal says of this book:

"This essay on dreams is an intelligent and commonsense account of the occurrence of dreams, their nature, and the natural limits that should be placed on their interpretation."

The subject is a fascinating one, and the author does his best to explain "Dreams" from an intelligent point of view, enabling us to, at least in part, account for them.

American Red Cross Text-Book on Home Dietetics. By Ada Z. Fish, Head of Art and Home Economics Department, William Penn High School, Philadelphia. Seven illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

This little book will have a ready sale, particularly now that good Uncle Sam has taken the plunge against the land of the Huns. It is designed for use in classes teaching home cooking, and gives in a very readable way the underlying principles of good cookery.

Homans' First Principles of Electricity. By J. E. Homans, author of "Self-propelled Vehicles," "A. B. C. of the Telephone." "Present-day Electrical Activities." "The Automobile Book and Automobile Handbook." New York: Sully & Kleinteich. Pp. 249. Price, $1.00.

To those desiring to familiarize themselves with the principles of electricity, this book will be found very useful. Electricity is employed for so many purposes in the present day that one frequently wishes to gain some reliable information in regard to some branch of the subject or as to some variety of the current. To obtain such information, in the past many text-books of considerable bulk had to be consulted, and the proceeding was not always satisfactory, but with Homans' con-

cise work to refer to the task of searching for information is an easy one, and the language employed in the book is not beyond the grasp of the ordinary individual.

The book is written for those desirous of ascertaining knowledge of electricity from a purely technical point of view or in relation to the adaptation of electricity to commercial purposes, the book does not deal with the therapeutic applications of electricity or any of the characteristics of electricity which render it of service as a curative agent in the treatment of disease. C. R. D.

The Breast, its Anomalies, its Diseases and their Treatment. By Deaver and McFarland. Philadelphia: P. Blakiston's Son & Co., 1917.

Between the monographs on breast diseases written nearly a hundred years ago by Sir Astley Cooper and by Velpeau, and the present time, a very large number of books on the subject have been published. Some of these notably, and others to a negligible degree, have advanced our knowledge of the subject.

From every point of view the work before us transcends in importance any of its predecessors. The surgical anatomy is given with admirable clearness and accuracy; the anomolies, both congenital and acquired, are fully considered; infectious processes receive the attention their importance justifies, and finally breast tumors, both as regards their pathology and their treatment are discussed in a manner calling for unstinted commendation.

Dr. McFarlane, finding in surgical literature more than fifty varieties of breast cancer, has most satisfactorily grouped these under six heads, which practical surgeons and, let us hope, pathologists will find sufficiently comprehensive. These are:

1. Schirrus or hard cancer.
2. Encephaloid or soft cancer.
3. Carcinoma simplex, an intermediate form.
4. Adeno-carcinoma.
5. Gelatinous carcinoma.
6. Squamous-cell carcinoma.

Each step in the operative procedures advised is based on a clear and modern understanding of the mode of dissemination of cancer cells.

The technique of Halstead, Meyer, Handley, Kocher, Rodman, Warren, and other surgeons is given, with a wealth of illustrations admirably supplied by C. F. Bauer.

The general plan of operation adopted by Dr. Deaver seems to this reviewer to present more advantages than any other, and is the one which in every essential detail, save one, he has been following for the last fifteen years. The exception named is the Handly extension, which cuts off the lymphatic trunks passing toward the umbilicus. This is of later date, but its value is now beyond question.

The translations from foreign literature made by Miss Jastrow add greatly to the importance of the work, and will save for English-speaking surgeons an immense amount of time and of labor. N. A. P.

The New Method in Diabetes. The Practical Treatment of Diabetes as conducted at the Battle Creek Sanitarium, adapted to home use; based upon the treatment of more than eleven hundred cases. By J. H. Kellogg, M.D., LL.D., Diabetes as conducted at the Battle Creek Sanitarium, author of "Neurasthenia—Its Causes and Cure," "Colon Hygiene," "Rational Hydrotherapy," "The Art of Massage," "Light Therapeutics," "The Hygiene of Infants," etc. Battle Creek, Michigan: Good Health Publishing Co., 1917.

While this work refers more particularly to the "Starvation" treatment of diabetes as carried out at the Battle Creek Sanitarium, and enumerates the various elaborate and highly technical diagnostic methods there adopted, it will be found of great interest to the general practitioner, more especially as about one-third of the book—fifty-one pages—is devoted to recipes for suitable foods. This latter part of the work will be found very useful as a personal guide to the patient, the majority of whom must continue to be treated in their own

homes. The author is very enthusiastic over this form of treatment, and deserves credit for placing the method of his sanitarium before the medical profession.

W. J. W.

A Handbook of Practical Treatment. By many writers. Edited by John H. Musser, Jr., B.S., M.D., Associate in Medicine in the University of Pennsylvania, Philadelphia, and Thomas C. Kelley, A.M., M.D., Instructor in Medicine in the University of Pennsylvania, Philadelphia. Volume IV. Philadelphia and London: W. B. Saunders Company, and *Complete Index to Volumes I, II, III and IV of Musser & Kelley's Practical Treatment.* Philadelphia and London: W. B. Saunders Company, 1917. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

We have been looking forward for some time to receiving Volume IV of Musser's *Practical Treatment.* There is little doubt that this is one of the outstanding medical works of recent years, and we congratulate the author on the results of his labors. Among the contributors to Volume IV we find the following Canadians: Lewellys F. Barker, of Baltimore; Thos. B. Futcher, of Johns Hopkins, and Charles F. Martin, of McGill University. It would be impossible in even a lengthy review to enumerate the subjects discussed in this volume, though we might mention a few that are more than usually interesting. "The General Principles of Drug Treatment," by Sir Lauder Brunton; "Cerebro-Spinal Fever," by Lewellys F. Barker; "Diseases of the Cardio-Vascular System," by Sir Clifford Allbutt; "Diabetes," by Theodore C. Janeway; "Diabetes Insipidus," by Thomas B. Futcher; "Arthritis Deformans," by the same author, and "The Surgery of the Stomach and Duodenum," by W. J. Mayo. The object of Volume IV was originally to give the different contributors an opportunity of making whatever changes or additions they might think necessary to their articles in previous volumes, in that way supplementing their contributions and making them in every respect up to date. In many instances, however, due to deaths occurring, it was found impossible for the original

contributor to complete his work, so that some one else had to take on this duty. Volume IV rounds off the entire work, and any one owning Musser's *Practical Treatment* possesses a treatise on medicine that is second to none. The idea of publishing a separate volume as an index is a capital one and makes it easy for reference work.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert Holmes Greene, A.M., M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M.D., Professor of Clinical Medicine, University and Bellevue Hospital Medical College. Fourth Edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Toronto, 1917.

There is perhaps no other department of Medicine or Surgery in which more knowledge is being accumulated from day to day than in Diseases of the Genito-Urinary Tract and their treatment. For that reason, therefore, the fourth edition of Professor Greene's and Brook's work is welcome. It can be fairly stated that the authors have thoroughly revised their book, and in doing so, have given their readers the benefit of their own work and experience. It is essentially practical and therefore suitable as a guide to the every-day practitioner.

An Irishman coming out of ether in the ward after an operation exclaimed audibly: "Thank God! That is over!" "Don't be so sure," said the man in the next bed, "they left a sponge in me and had to cut me open again." And the patient on the other side said: "Why they had to open me, too, to find one of their instruments." Just then the surgeon who had operated on the Irishman stuck his head in the door and yelled: "Has anybody seen my hat?" Poor Patrick fainted.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, OCTOBER, 1917 No. 4

Editorials

THE DOCTOR'S OFFICE

IN A RECENT ISSUE we had something to say with reference to the doctor's personality as indicated by his dress, voice and manner. It may not be amiss now to speak of his office.

As a housekeeper is known by the sort of house she keeps, a farmer by the state of his fences, barns and implements, so a doctor may be judged by the appearance of his sanctum.

Is every corner clean, every window shining, every article of furniture in good repair, every instrument and every bottle in its place—clean and spotless—how favorably does such a condition of the doctor's environment impress the patient and "friends"? And how much more satisfactory to himself to have a place for everything and everything in its place, and a time for everything.

We admit that it may be harder for a doctor to be systematic than for members of sister professions or

men in business callings—owing to his irregular hours and, when rushed, his lack of time to attend to such matters.

The rich practitioner, of course, can secure the services of neat and orderly servants, but there are only a few rich medical men. On most of them the care of instruments and the disposition of drugs, bottles, reagents, etc., depend upon their own efforts. And it requires a strong effort of the will, in season and out of season, to put things constantly and consistently back in their places and in good order.

To have the aspirator, and the cautery, and the hypodermic, and the scores of other apparatus, all ready for use and within easy and certain and instantaneous reach, will repay a hundredfold the effort to maintain them so.

The time will come when the public will look askance at the medical practitioner who in his person or office is disorderly, untidy, and slovenly, and will not countenance such things.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College: Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:

MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M.D., M.R.C.S., Eng., Toronto.

Clinical Medicine:

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Militia and Naval Medical Services and Ambulance

Lt. W. S. Duncan, M.C., son of Rev. (Captain) Duncan, of Port Credit, is home from the Western Front. Lt. Duncan studied Medicine at the Toronto Medical School. He enlisted in the 126th (Peel) Battalion, and when the Battalion was disbanded, after reaching England, he asked to be transferred to the 10th Battalion, which was in France. By a strange coincidence he was placed in charge of the same platoon that had been commanded by his eldest brother, Capt. Gordon Duncan, prior to his death. He was in the fight at Vimy Ridge, where he won the Military Cross. Although badly wounded in the foot from machine gun bullets, he continued to lead his men to the attack with much gallantry.

On his return journey he travelled on the hospital ship *Letitia,* which recently ran aground in the fog near Halifax. Lt. Duncan, who is twenty-one years of age, still shows signs of his wound, which has not yet healed.

The profession in Toronto and its vicinity regretted very sincerely to learn on Aug. 29th, that Capt. (Dr.) R. B. McKenzie, Medical Officer of one of the Toronto Highland Battalions of the First Contingent, had been severely wounded. We still hope that the report is incorrect. Dr. McKenzie is a graduate of the University of Toronto and succeeded the Medical Officer of a famous Toronto Battalion who had been wounded last Fall. Capt. McKenzie enlisted in June, 1916. A brother of his had just arrived in England when news came of the Captain having been wounded. His brother had already served five months in the artillery when he returned to Toronto to finish his medical course at the University.

SOME OF THE WORK OF THE DEPARTMENT OF HYGIENE OF THE UNIVERSITY OF TORONTO

Down in an obscure corner of the basement of the Medical Building of Toronto University a great and important public work is carried on. It is great because there is no limit to its expansion. It is important because it is the most outstanding effort of Government organization on this continent to stop, with a scientific barrier, the encroachments of disease that claim a high mortality. And it is unique because its service is free as air and entirely untrammelled with red tape.

The Department of Hygiene of Toronto University, in conjunction with the Provincial Board of Health, is producing and distributing what are known as biological products, such as smallpox vaccine, diphtheria antitoxin, anti-typhoid vaccine, spinal meningitis antitoxin, tetanus antitoxin and Pasteur rabies preventative treatment.

Bacteria is the medium through which the work is done, and one might facetiously call this a "bug factory." The Laboratory is part of an equipment made possible by the gift by Col. E. Gooderham of some seventeen acres of farm land at Fisherville, twenty miles north of Toronto, where the horses, cows, sheep, calves and other animals used in connection with the production of these serums are kept.

Each serum is prepared in its own special way, and care and scientific precision is required in order that it may prove effective when put into use. The work is not carried on without some hazard to the operators; all have to become immunized as a matter of self-protection. The tetanus serum is the most dangerous to handle, and one man is confined to its preparation entirely. This serum, when it is finally made, is of sufficient strength that one part in ten thousand of water is sufficient to kill a horse.

Take, for instance, the preparation of the diphtheria antitoxin, which is, perhaps, the most widely known. A standard toxin, that is, a toxin of known strength, is taken, and one-tenth of a cubic centimetre (enough to kill a guinea pig weighing 250 grammes in four days) is injected into a horse. This operation is repeated every day or two for an indefinite period until,

by natural resistance, the horse becomes "immunized" and the blood develops a large supply of antitoxin. The horse is then bled, about a gallon being drawn off, and this is allowed to settle. The liquid which rises to the top is the ordinary antitoxin of commerce, and is used in that state yet by some health departments on the other side.

In Ontario, however, it is further treated. It is refined by the addition of sulphate ammonium, which precipitates the globulins that carry the antitoxin. Briefly, this is the process. It sounds simple, but in effect is complicated, requiring patience and perseverance, and before a single drop can be used careful tests are made to determine its strength.

But all serums are not made in this way. While the horse is used in the case of diphtheria and tetanus, calves are used to produce smallpox vaccine, beef broth for anti-typhoid vaccine; the spinal cord of a rabbit for the Pasteur rabies preventative treatment, and in spinal meningitis a culture from the germ.

When finished the serums are packed for shipment in two forms: the first, in vials which contain only the serum, which are sent free; the second, in hypodermic syringes, each containing a measured dose. The syringe is complete and ready for instant use, and for this a charge of twenty cents is made, which barely covers the cost of instrument. In this way a doctor does not require to leave a patient to get his own syringe; he has a fresh apparatus at hand and can operate at once. For the spinal meningitis serum, which is more difficult to handle, a different apparatus is used.

In establishing this service the Provincial Board of Health has been actuated by other than charitable motives (although that is worthy of consideration when physicians are called in to attend to poor patients). Upon the broad principle of the conservation of life the work is based. No physician in Ontario need now wait to consider the purse of a patient and wait for symptoms to develop before taking action, which might then be too late. Where any of the diseases for which these serums are provided the man who fails to act promptly—it is not putting it too strongly to say—is either a criminal or a fool and unworthy of a place in the medical profession.

Where Ontario leads in this work is the easy manner in which the serum can be obtained. The attending physician has only to apply to the Medical Officer of Health for what he requires. The Health Officer is supposed to have a supply on hand, except for rabies, which is administered having regard to each individual case, and the preparation deteriorates rapidly. In Toronto fifty-three drug stores have been named by the Department of Health where the serum can be obtained on filing a requisition.

Since February of this year, when the free distribution first commenced, the following quantities have been given away:

Diphtheria antitoxin, 120,224,000 units.
Tetanus antitoxin, 2,422,500 units.
Spinal meningitis antitoxin, 28,960 c. c.
Anti-typhoid vaccine, 20,006 doses.
Smallpox vaccine, 26,985 capillary tubes.

Altogether 539 municipalities have benefited from the service at a total cost to the province of less than $25,000. If the quantities here mentioned had been purchased by the sufferers in the open market, at the lowest estimate, the cost would have been $100,000.

In addition to this the Department has supplied anti-typhoid vaccine to the Canadian troops to the extent of 400,000 doses, at a commercial valuation of $200,000, and with what result? So far as is known there has only been one death among the Canadian soldiers from typhoid, and this was a man who, in some way, got through without being vaccinated.

The work has not been conducted without some difficulty. Here, as in many other cases, the war has shut off the supply of chemicals that are employed in the work daily. German manufacturers held a monopoly of many important ingredients. Laboratories in United States and England are working on substitutes with some degree of success, and it is hoped before long that health work on this continent will be independent of the war.

Selected Articles

HOSPITAL SOCIAL SERVICE FOR CHILDREN*

BY HENRY DWIGHT CHAPIN, M.D., NEW YORK.

No class of hospital patients are in more urgent need of social service relief than children. This was forcibly brought to the attention of the writer early in his hospital career at the Children's Division of the New York Post-Graduate Hospital by the large number of cases that were returned to the wards after discharge suffering from a renewal of illness. This was evidently due to the fact that they were frequently living under conditions that were very unfavorable for regaining health and strength. Many babies were likewise sent to the wards who were not proper cases for hospital treatment. They were sent in because there seemed to be no other place to house them.

The problem was further complicated by the fact that it is not desirable to keep children in a hospital after the acute illness for which they are entered has ceased. A hospital is not a good place for convalescence at any age—but children are peculiarly susceptible to the influences that accompany the collection of the sick and ailing in one place. Not only the immediate environment but the constant danger from various cross infections must be considered, and the latter frequently occur in the best places and with the most careful oversight.

In order, then, to secure a good convalescence, the child should be kept in the hospital only during the acute illness, carefully guarded from auto—and hetero—infection during its stay and finally sent out to recuperate under as favorable conditions as possible. It is only by keeping the child under

*Read at the New York Conference on Hospital Social Service, Feb. 7, 1917.

careful observation after discharge that the benefits of the hospital can frequently be made permanent. Hospital statistics that do not take into account the ultimate condition of the patient are of little value in regard to final and permanent results. The good work of the hospital may easily and quickly be undone by poverty or ignorance in the home. Much after care may be required to give results of any permanence.

Having these facts in mind, a meeting was arranged at the residence of Mrs. Valentine Hall in the spring of 1890, in which the writer made an appeal to a committee of ladies to aid in visiting the children discharged from the hospital.† In response to this appeal, a small sub-committee under the lead of Mrs. Augustus King volunteered to do the visiting. This was faithfully performed, and the circumstances of the cases discharged were investigated, so that proper aid could be given when required. As the work grew in volume and importance, it became evident that a regular paid visitor—who could work summer and winter—was required. Accordingly, in 1894, a woman physician was appointed to carry on the undertaking. After a fair trial of this plan, however, it was found that a trained nurse, with an instinct for social service work, did better under the circumstances than a physician. It may have been that the latter emphasized the purely medical aspect of the work, which is not the main feature in this undertaking. A combination of hygienic knowledge, tactful sympathy, and good powers of observation and judgment are required in this kind of work. In addition to a study of conditions, a human, personal touch must always be maintained. Our aim is to have the endeavors of the visitor expended in three principal directions: (1) To try and make the medical relief given by the hospital to the individual as permanent as possible. This may mean immediate material relief in cases of necessity, or instruction in diet and other factors that may be required to further convalescence. (2) To find out, if possible, the underlying cause that produced the particular sickness so that a recurrence can be prevented. (3) To make a broad study of social conditions that make for sickness and disability in the community that is served by the hospital. The latter becomes necessary

†Archives of Pediatrics, April, 1905.

in order that a general knowledge in reference to future prevention may be acquired and constantly kept in mind.

Our social visitor is furnished with a blank that is filled out soon after the case is admitted, with the exception of the last item. It is of a uniform size to be attached to the regular hospital history, so that the attending physician can at once be posted as to the life conditions of the child and hence governed as to its discharge from the hospital, and what steps, if any, may be necessary in order to improve faulty home conditions. As a full history of the child's parentage, family and personal condition has already been taken by the examining physician on admittance, a pretty complete record is now in the hands of the attending physician for his guidance in managing the case. The following items are placed on the visitor's chart:—

Name.
Address.
Age.
Number of rooms, number light, number dark, number on air shaft.
Sanitary condition of house.
Sanitary condition of street. Fault landlord or city.
Physical condition of parents.
Intelligent care of children at home.
Condition of child second week after return to home.

The visitor has always in her hands a certain sum of money to purchase clean, fresh milk, when necessary, and to relieve any pressing needs that may interfere with the child's convalescence. She also sees that food is properly prepared, medicines given, and the hygienic surroundings improved as much as possible. Rules of instruction in feeding and hygiene for mothers, translated into various languages, have proved of great value. The work of the visitor has been in other ways of far-reaching utility. Landlords have been brought to terms in putting premises in a sanitary condition rather than be reported to the Board of Health; fewer children are deserted than formerly, as a special effort is made to have the mothers realize

the crime of deserting their children; all existing charities are made use of in as far as they apply to the case in hand, such as child welfare stations, milk depots, free ice in summer and all the fresh air agencies. The mothers have explained the great advantage of allowing the children to have a change in summer, even although it be only for a day, but efforts are made for a longer outing. It is believed that this work has been of the greatest utility to our convalescent children during the many years that it has been systematically employed.

In 1915 our social service visitor made 2,270 visits and 2,308 in 1916. During this period material relief in the form of money, food, clothing or other necessities that might be necessary to prevent future illness was rendered to 337 families. Advice and counsel were given to most of the others. Three hundred and thirty-three children were sent to the country to recuperate in order to insure a permanent cure.

With reference to the condition of the child after discharge from the hospital, among 1,000 cases tabulated, the condition at the end of two weeks was reported good in 386 cases, fair in 421 cases, uncertain, or lost track of, 193 cases. The final condition of these children was good in 589 cases, fair in 218 cases, and uncertain in 193 cases. As far as underlying causes are concerned, it is difficult to tabulate the proportion of ignorance to poverty that might have been involved in connection with these families. Both are apt to exist together with ignorance possibly preponderating.

Many facts of great social interest have been brought out during the many years of our work. It may be of value to compare some of the social statistics that have been collated during several different periods. In a study of 1,000 cases, extending from March, 1900, to March, 1902, it was found that the housing conditions of the families were frequently very bad. Four hundred and forty-two families lived in old tenements, in which 764 dark rooms were noted. Many of the families lived in extreme poverty. Thus 173 families had only an average income of from one to five dollars weekly and 379 families from five to ten dollars weekly.

In a study of conditions of 700 families, extending over the period from March, 1903, to March, 1904, it was found that

the housing conditions were very bad in 185 cases, 25 families living in one room and 64 in two rooms. The earnings were often pitifully small. Thus 84 families averaged not more than five dollars weekly and 220 not more than ten dollars.

The last statistics we have tabulated includes 1,000 cases extending from November, 1914, to November, 1916. An improvement in the housing conditions is here noted over that of the previous surveys. This is undoubtedly due to better tenement-house laws, both of construction and operation, that do away with dark rooms and other evils of past days. Thus, the condition of the house was reported as good in 371 cases, fairly good in 418 cases and poor in 211 cases. Most of our patients live on the lower East Side, where many old houses are located, with dirty halls, old plumbing and littered areas. The earning capacity of the families, however, did not show any essential improvement over that of seventeen and thirteen years ago. Only 86 families are reported as having an income above twelve dollars per week, 58 earned just twelve dollars, and 856 had to live on ten dollars or less per week. There were 557 large families (more than 5) and 443 small families (under 5) on the list. An interesting point is that most of the families earning the higher wages were small, while the large families were almost invariably in the low wage class. This point may be of interest to birth control advocates.

We can appreciate from the data here presented how poverty works particular hardships among the young and that sickness is one of its leading manifestations. Our investigations confirm the interesting account of a recent survey of several poor districts made by the New York Board of Health. The following quotation from their bulletin emphasizes this point: "Our study of the mortality of the city by sanitary areas has supplied us with ample proof, if such proof, indeed, were needed, that the family income is a most important factor in raising or lowering morbidity and mortality. Where the family income is sufficient to permit living under a reasonably favorable condition (sanitary housing, ample food, adequate clothing, wholesome recreation), sufficient to permit of prompt and efficient medical attention in case of illness, sufficient to permit of proper nursing of the ill, morbidity and mortality are invariably

lower; whereas, when conditions are reversed and poverty, with its train of social complications exists, morbidity and mortality are high, no matter how favorable the age and sex, constitution, or other similar factors of the population may be."

Several surveys in different localities made by the Children's Bureau of the United States Government show that the curve of sickness and death among infants and little children follows very closely the curve of the earnings of the wage workers.

Poverty and sickness too often go hand in hand. There is a shifting and alternating relationship of cause and effect between them. It is interesting to note how this vicious circle works at different ages. Thus, in adult years, sickness is one of the principal causes of poverty. In a recent annual report of the New York Association for Improving the Condition of the Poor, the extent to which poverty in this locality is caused by sickness is shown in a startling way. Out of many thousands of dollars spent in material relief for destitute families in their homes, 96 per cent. was given to families who had to seek aid on account of the sickness or death of the wage earners. The Charity Organization Society has found that fully two-thirds of the cases of poverty it is called upon to investigate depend, directly or indirectly, upon sickness.

These and other similar studies show both that health is necessary to secure a living wage, and conversely a living wage is one of the first requirements of health for the individual and the family.

All these questions are of vital interest to the hospital social service worker and investigator.

In possibilities of service the hospital represents one of the broadest human institutions. The treatment of disease, teaching and research should all be combined in its operation. With reference to the latter, not only the investigation of the causes and treatment of individual diseases but social disorders and maladjustments should likewise be considered. To attain its broadest usefulness, the hospital must serve as a sort of social laboratory in which disease and distress should be traced to their ultimate sources. Only thus can relief frequently be made permanent and recurrence of disease prevented. In a

last analysis, some diseases present more of a social than a medical problem. It is only necessary to mention tuberculosis in this connection.

Our charities and relief agencies are frequently too segmental in their operation. As a result, there is delay and uncertainty in completing the circle of relief. In handling human distress, delay may be dangerous or fatal. There is no institution that opens up so many questions and whose problems radiate in so many directions as the hospital. It should hence be made the source of very wide remedial efforts. There is too much specializing in charity—seen both in individuals and institutions. As far as the hospital is concerned, social service and prevention are closely allied.—*Medical Record.*

HOSPITAL PROBLEMS

L. W. Littig, Davenport, Iowa (*Jour. A.M.A.*, Mar. 31, 1917), discusses the problems that arise from the multiplication of hospitals at the present time, and his criticisms are largely limited to the open hospitals which permit any practitioner to assume the gravest responsibilities within their walls. There have never been, he says, so many good surgeons as at the present. There have never been such brilliant results of operations, but it would be equally true to say that there has never been so much bad surgery with disastrous results as now. While the internist has the most difficult and perplexing problems, there is this difference between him and the surgeon. His sins are those of omission, while the surgeon's sins are too often sins of commission. Of the good done by surgery, he will say nothing, and of the harm done in the name of surgery, there is no need to say much. The open hospital, he believes, is responsible for the most of surgical malpractice, and he asks how is good work possible in the average open hospital where 100 general practitioners of all classes have equal privileges. He asks what is the chief function of a hospital staff, and says the answer is simple. The chief function of the hospital is to educate itself individually and collectively, better to discharge the duties and

obligations incurred in accepting the positions. It should hold frequent meetings to discuss both surgical and medical problems. Failures should be freely discussed, as they are often more instructive than successes. The members should make frequent visits to medical centres, and report to their colleagues. All operations and necropsies should be bulletined, and every opportunity for surgical improvement be utilized. He says he has failed to find one open hospital in the Middle West in which the staff either realized its opportunities or profited by them along the lines suggested. The introductions of Rontgen outfits and clinical laboratories have acted, he says, as soporifics rather than as stimulants, and nothing can be hoped from men who blindly follow laboratory diagnoses instead of themselves doing some hard, independent thinking. There is no promise, he thinks, that the evils mentioned will be corrected from within. This seems to demand some powerful influence from without. When the public becomes fully aware of them it will make its influence sharply felt in favor of the better establishments. He mentions two cases of abuse, one in which the largest contributing physician was elected surgeon, and received half of the surgical fees and was supported in this by the hospital board. In another instance, one surgeon who resides in the hospital receives a salary, does all the general surgery. These are the antitheses of the open hospital, and between the two there should be some plan giving every properly trained and rightminded man an opportunity to work and still protect the public from indiscriminate operating by incompetents. He suggests that if a properly trained but untried practitioner asks to use the operating room he will be permitted to, but must bulletin his operation the evening before and allow the members of the staff to attend operations and staff meetings, but without a vote. If his work is satisfactory, after a sufficient time he may be elected to staff membership, but if not he shall be regretfully informed that this, while not a closed hospital, is a restricted one. He believes the remedy is in sight for the present evils, and the results will show in a few years. Investigation and classification of hospitals as planned by the American College of Surgeons promises splendid results. The hospital fifth year, soon to be universally required by medical

schools and examining boards, will have beneficent results, and inspection by the American College of Surgeons will rate hospitals properly that at present employ internes. He would like to say, "As is the training school so is the hospital," and where it is unsatisfactory it also needs correction which can be brought about, in a similar way, by the investigation and classification of the American College of Surgeons, medical schools and examining boards. He quotes as a wholesome sentiment recently heard in a Chicago clinic, "We do not want our graduates to consider themselves specialists, we do not care to have them know how to do a given operation, but we want them to recognize surgical conditions, we want them to know how to make a diagnosis. If they wish to be surgeons, we want them to take additional training." In conclusion, he says he wishes to emphasize, especially, the importance of conscience and of honesty in the surgeon, without which professional qualifications, however high, are poor indeed.

PROFESSOR J. C. McLENNAN, K.B.E.

Prof. John Cunningham McLennan, Ph.D., head of the Department of Physics of Toronto University and member of the Canadian Commission on Chemical Research, is among the first group to receive the honor of the new Order of the British Empire. In April last Prof. McLennan was invited to sit on the British Board of Inventions and Research, a body under the chairmanship of Sir John Fisher, and one of the war subdivisions of the British Admiralty. He is president of the Royal Canadian Institute. Prof. McLennan was born at Ingersoll, Ont., and was educated at the University of Toronto and at Cambridge University. In 1892 he was appointed assistant demonstrator in Toronto University, and has been associated with the professorial staff since that time. He has contributed largely to scientific journals, and was chiefly instrumental in securing the fine Physics building of his own University.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

A FEW LINES FROM ORPINGTON

ORPINGTON, Kent, England, July 8th, 1916.

Dear Dr. Young,—When I (or we) wrote you last, our crop of patients was but beginning to sprout. Now, sad to relate, perhaps, from the point of view at least of the suffering patients and the saddened homes, the products are alas! plentiful. The convoys have been coming thick and fast, direct from France, particularly from the region around Fricourt and Albert. We received our first large convoy on June 8th; then followed others on June 15th, 22nd, 28th, 30th, July 4th, 5th, 6th (two in one day). To-day we have more than 1,000 patients (after sending to smaller auxiliary hospitals 103 convalescents) and at four this morning had to refuse another convoy, having available only a few vacant beds. These men are English, Irish, Scotch, Australian, New Zealander, Canadian (about 100), all earnest, thoughtful heroes, not boastful —men who would never think of fighting were it not in a righteous cause; men who are the stuff that one looks for to make good, peace-loving citizens, builders of Empires. It is a splendid feature of this institution, which was made quite definite and fixed in the address given by Lieut.-Col. Hon. Dr. Pyne on the opening day, that this hospital is for all soldiers of the British Empire, regardless of creed, color or colony. And they mingle beautifully. Not one quarrelsome word have we heard in these three months.

We have an abundant variety of medical cases, such as pleurisy, pneumonia, trench fever, trench skin, myalgia, meningitis, skin diseases. But, as one might expect, most of the

beds are occupied by wounded men. Wounds of the head, chest, abdomen, arms and legs are to be found, of every variety imaginable. There have been many operations, for removal of shrapnel, drainage, setting of fractured jaws, etc. On June 6th we established a Clinical Society of this hospital with Lieut.-Col. Cameron as President, and your humble servant as Secretary. We meet every week and discuss cases in the wards. Some of the topics thus far considered have been trench skin, musculo-spinal paralysis, metral stenosis, hyperthyroidism, injury of external cutaneous nerve of leg, shell shock, gunshot wound of lung. I need not assure you that we all benefit by the frank and free discussion of the cases under our care.

We have been glad to note the success that has attended the Academy of Medicine, Toronto, during the past year, as recorded in the annual reports just to hand. They are extremely gratifying, especially in view of the difficulties associated with war conditions. I congratulate you on your unanimous re-election to your honorable post. Faithfully yours,

HARLEY SMITH.

THE SEVENTEENTH ANNUAL MEETING OF THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

THIS meeting took place in the Normal School Buildings, Ottawa, on Wednesday, September 26th. The Hon. Dr. Daniel occupied the chair as President, with Dr. George D. Porter as Secretary. The attendance was fairly good and the programme of more than usual interest. We regret that, on account of the date of our going to press, it is impossible for us to report the meeting.

Obituary

DEATH OF DR. WILLIAM M. CALDWELL

Dr. William M. Caldwell died July 3rd, at St. John, N.B., in his seventy-second year. Dr. Caldwell, who was born in King's County, New Brunswick, of English parentage, graduated from the Medical School of Harvard University in 1867, and practised at Lancaster Heights for some time. Later he went to Newcastle Bridge, Queen's County.

DEATH OF DR. J. ORLANDO ORR

After several years' illness, Dr. J. O. Orr, who, for the past fourteen years, has been General Manager of the Canadian National Exhibition, passed away at his home, 83 Spadina Road, Toronto, on the morning of August 22nd. Dr. Orr was a well-known member of the profession, and is survived by his widow, and one son, George, who is now at the front. The doctor gave up his duties as Manager of the Exhibition early in July of this year, feeling that he was unable to continue any longer without a prolonged respite from duty. He was born in York County fifty-six years ago, and became widely known and personally popular from his work in connection with the Exhibition. In 1890 the doctor launched into public life and was elected to the Toronto City Council. During his term of office he was largely instrumental in founding the Toronto Technical School, being elected first Chairman of the Board. He retired from the City Council in 1893, and went to England, where he remained for a year or more, during which time he served as Surgeon in the Central London Nose and Throat Hospital, and was Clinical Associate Surgeon in the Royal Ophthalmic Hos-

pital, Moorefields. Dr. Orr had been a member of the Board of Directors of the Canadian National Exhibition, which he held until his appointment as Secretary and General Manager in 1903. Dr. Orr was an ex-member of the Board of Trustees of the Toronto General Hospital, a member of the Canadian Branch of the British Medical Association, the Ontario and Canadian Medical Associations, as also a member of a large number of clubs.

DEATH OF DR. GEORGE R. McDONAGH

Yet another of Toronto's prominent physicians passed away, on Sunday, August 26th, in the person of Dr. Geo. R. McDonagh. Dr. McDonagh was one of Toronto's well-known medical practitioners. He died at his residence, 140 Carlton Street, after a lengthy illness. The late Dr. McDonagh was born in Huron County sixty-one years ago, and for over thirty years has practised his profession in the city he loved so well. He was educated at Upper Canada College, and graduated from the old Toronto Medical School. After graduation he went to Europe for further honors, taking a post-graduate course in both London and Vienna, at which later place he qualified as a specialist in throat, nose and ear diseases. Dr. McDonagh was for years Professor of Laryngology at the University of Toronto. Interment took place at Goderich on Monday, August 27th.

The body of Flight Sub-Lt. Fraser M. Bryans, R.N., who was killed on July 17th, as a result of his seaplane colliding with another machine and falling into the sea, was recovered and his bereaved father and mother, Dr. and Mrs. W. F. Bryans, 230 Carlton Street, Toronto, had the gratification of having the body interred in their family plot. The late Lt. Bryans has been on active service at Felixstowe for some months.

The Physician's Library

Diseases of the Stomach, Intestines and Pancreas. By Robert Coleman Kemp, M.D., Professor of Gastro-Intestinal Diseases at the Fordham University Medical School. Third edition, revised and enlarged. Octavo of 1,096 pages, with 438 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $7.00 net; half morocco, $8.50 net. Canadian Agents: The J. F. Hartz Co., Toronto, Canada.

In spite of the emanations from the Windy City, the Clinic in the Cornfields, and "The Hopkins," and the lesser advertised places, Gotham still continues to keep us informed that she is not Rip Van Winkling.

One of the latest productions is this of Kemp, and we take pleasure in saying that it is a very attractive book both as to its content and general get up. The illustrations are fine; it makes a good lesson in topographic anatomy to pore over them.

With the development of Röentgenology floods of light have been thrown on the alimentary tract; and, perhaps, there is some excuse for professors of gastro-enterology, which several of the American colleges can now boast.

Kemp is an enthusiast. In a series of experiments at Columbia he demonstrated that enteroclysis at 110° to 120° F. best stimulated the heart in shock; that renal secretion undergoes a double cycle of increase from enteroclysis at high temperatures (110° to 120° F.), both from intestinal absorption and from the increased flow through the kidney; while with lower temperature the increase is merely from intestinal absorption. Normal saline solution has a specific effect in increasing renal secretion. Cold irrigations first stimulate, then depress: Body and blood temperature are increased by hot irrigations, and diminished by cold.

The above is mentioned, *en passant,* to show the scientific trend of the author's work.

The reviewer might specify many chapters of exceptional interest; but those of more particular interest to the average medical man, perhaps, would be those on diet and constipation. The author has kept in mind the relation that diseases of the alimentary tract bear to other diseases—particularly those associated with, and possibly to an extent caused by intestinal putrefaction and absorption, about which we read so much in these days.

It is seldom one sees any humor in a book of this sort, but it is evident here and there in this book. The more one thinks of Kemp's work the more one is impressed with the truth of the saying that "Man is a plant with his roots inside."

The book should sell well. The paper and binding are up to standard, and the illustrations, as we have intimated, are excellent.

Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Robert T. Vaughan, Ph.B., M.D. Volume II., *General Surgery,* edited by John B. Murphy, A.M., M.D., LL.D., F.R.C.S., England, (Hon.) F.A.C.S., President of the International Surgical Congress, London; Professor of Surgery in the Northwestern University; Attending Surgeon and Chief of Staff of Mercy Hospital and Columbian Hospital; Consulting Surgeon to Cook County Hospital and Alexian Brothers' Hospital, Chicago. Series 1914. Chicago: The Year Book Publishers, 327 S. LaSalle Street.

As is usual with volumes of the "Practical Medicine Series," one finds this volume laden with the most modern viewpoints on every-day problems.

Commencing with anesthesia and devoting a couple of pages to each subdivision, then about the same space to prevailing methods of operative technique, the editor deals with old fam-

iliar subjects, taking first wound healing. This latter includes ten interesting pages on shock, hemorrhage (mentioning the use of horse serum in the treatment), puerpura infections and vaccine therapy. From pages 165 to 600 the pathological and surgical conditions of the body are dealt with in turn in the same plain and terse language, giving the reader, in nine times out of ten, the satisfaction of a new and usually clearer perspective.

Whether dealing with post-operative complications, adhesions, fecal fistulæ or whatever it is, one sees that only authorities are quoted, only the most rational opinions are expressed, and, lastly, that there is no padding.

Speaking of Operations. By Irvin S. Cobb. Illustrated by Tony Sarg. New York: George H. Doran Company.

Respectfully dedicated to two classes: those who have already been operated on, and those who have not yet been operated on. Contents: Mainly My Own. Illustrations: Apparently There Was Nobody at Home; He Regards It as a Suit of Clothes; But I Knew Better; In Which I Assumed All Responsibility for What Was to Take Place; I Wished to Show How Utterly Indifferent I Was. These pictures show Cobb caricatured in characteristic attitudes.

This story appeared in *The Saturday Evening Post* a few months ago, is exceedingly funny, and will be particularly relished by doctors, nurses and hospital officials.

The Road to Understanding. By Eleanor H. Porter, author of "Just David." Toronto: Thomas Allen. Boston and New York: Houghton Mifflin Co., 1917.

The popular novelists of an hour spring up mushroom-like, feed a peculiar taste of poor humanity for time-killing literature on a hot summer day—of such is "The Road to Understanding." The story is foolishly sentimental, rather weak in construction, and impossible, one is glad to believe, in real life. However, it will fill an hour very pleasantly, and to its credit we may add, it certainly rests the mind of the reader after the perusal of the all too plentiful horrors of the war.

Urology. Diseases of the Urinary Organs, Diseases of the Male Genital Organs, The Venereal Diseases. By Edward L. Keyes, Jr., M.D., Ph.D., Professor of Urology, Cornell University Medical College; Surgeon to St. Vincent's, and Urologist to Bellevue Hospital. With two hundred and four illustrations in the text and eighteen plates, four of which are colored. New York and London: D. Appleton & Co., 1917.

Few will doubt the advances made of recent years along Urological lines, so that a volume written but a short time ago rapidly becomes of comparatively little use to the physician desiring to be in the vanguard of his profession. Professor Keyes, realizing this, has re-written the present volume almost throughout, so that the purchaser can rest assured that he has something for reference that is in every respect up to date. The book is divided into six sections, The Principles of Urology, Gonorrhea, Diseases of the Urinary Organs, Diseases of the Genital Organs, Operative Surgery and Syphilis. Professor Keyes has chosen a most opportune time to bring out his new work, as perhaps never before has the importance of the prevention and cure of such diseases as Syphilis and Gonorrhea come as much to the forefront as of recent months. We take pleasure in commending the volume to the profession.

"Over the Top." By an American Soldier who went—Arthur Guy Empey, Machine Gunner serving in France—Together with Tommy's Dictionary of the Trenches. Sixteen Illustrations and Diagrams. Toronto: William Briggs. 1917.

This is one of the most thrilling accounts of life in the trenches that we have ever read. Coming, as it does, from an American, who relates his experience of what he actually went through, adds materially to the interest derived from reading the book. One can hardly lay it down, it holds one's attention so, and we recommend it to one and all.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS *

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H. Albert, Esq., Hot Springs, Va., U.S.

* Publisher's Department.

THE PROBLEM OF GERMAN DRUGS

For weeks the United States Government has been struggling with the problem of protected German drugs.

This problem grows out of the fact that, although the United States is at war with Germany, it continues to give these drugs preference over its own under patents and copyrights. And in some instances, it is charged the profits, grown enormously since the beginning of the war, belong to the German Government and will be sent to it by its American representatives after peace is declared and overseas trade is resumed. Such, of course, is not the case in Canada.

The public learned something of the importance of German drugs when it was announced recently that hundreds of thousands of persons were suffering for the need of salvarsan, which its makers now say they will supply to the United States Government at cost, so long as the war lasts. This compound is one of the protected drugs and cannot be made except by the holders of the patent or their agents. But it is only among many articles in the vast American industry in medicines built up by German firms or their successors. According to one important distributing firm there are at least 1,000 protected German drugs in the United States, some of which are used as extensively as salvarsan.

Aspirin, for example, was a protected German drug until recently. The process for making it was known to American chemists, but could not be copied. It is manufactured in Canada, as well as other invaluable drugs, by the British-American Chemical Company, Limited, and distributed to the trade under the registered Canadian name of Kephirin. An immense business is being built out of it. Recently the patent on the process expired in the United States, but the name is still a subject of dispute in the courts, and many firms will not manufacture it under that name until the case has been decided. Phenacetin, also used extensively for colds is in the same class.

Until a few months ago no American manufacturer could produce the drug under the name, nor, for that matter, by the usual process. But, as in the case of aspirin, the patent has

since expired, and it can now be made by any chemist who has the skill.

Most of these drugs are not known generally to the public, but are prescribed daily by hundreds of thousands of physicians. There is the drug called veronal, for example. This is a sedative and is in great demand. It sold for $1.60 an ounce before the war and is bringing $4.20 an ounce to-day. One curious feature of the sale of this and other German drugs is that they are not similarly protected against competition at home, in Japan, in Switzerland, or in other countries.

German firms, or their successors, also control the American output of saccharine, which is used for sweetening, and is said to be 500 times richer than sugar; of heroin, orthoform, an anesthetic; pyramidon, a medicine much prescribed for headaches; anti-pyrine, also a cure for headaches, and others. In some cases the monopoly enjoyed by the German firms or their successors is due to the fact that Germany controls the output of coal-tar products, the base of all synthetic drugs. Thus, there is no particular patent on the making of oil of wintergreen artificial, used to flavor tooth powders, chewing gums, candies, etc., but manufacture here has been restricted because of the scarcity of supplies.

TREATMENT OF HAY FEVER

Notwithstanding the many "specifics" and "near-specifics" for hay fever that have been pushed forward in recent years, the disease, if not precisely enigmatical, continues to baffle and perplex. It is evident that no single therapeutic agent has arisen that can eliminate, or even modify, the symptoms in all cases. Individual sufferers present problems that are peculiar to themselves, and other than the vasomotor relaxation of the upper respiratory tract, which is common to all, there are no uniform underlying pathologic changes.

Fortunately there are some very satisfactory alleviants. The suprarenal substance, in the form of its isolated active principle, Adrenalin, is undoubtedly one of the best of these. Experienced practitioners say that in a large majority of cases it

successfully controls the symptoms. Adrenalin Chloride Solution and Adrenalin Inhalant are the preparations commonly used, being sprayed into the nares and pharynx. The former should first be diluted with four or five times its volume of physiologic salt solution. The latter may be administered full strength or diluted with three to four times its volume of olive oil.

Another agent of large promise in the treatment of autumnal hay fever is Ragweed Pollen Extract. Its use is based upon the generally accepted theory that this type of hay fever, with occasional exceptions, is due to the pollen of ragweed. An accurately standardized product is supplied by Parke, Davis & Co. It is administered hypodermically.

THE SAFETY AND EFFICIENCY OF ZIRATOL

The following are the points of importance possessed by this new germicide:

1. Strongly active in weak solutions (1 to 2 per cent.).
2. Quickly and easily soluble in water.
3. Permanent.
4. One-seventh as poisonous as carbolic acid.
5. Does not corrode instruments or any other objects which are to be sterilized.
6. Does not possess any disagreeable odor and is odorless in 1 to 2 per cent. solutions.
7. Inexpensive.

Ziratol is manufactured by Bristol-Myers Co., New York.

INTESTINAL ELIMINATION

To accomplish intestinal elimination there is no remedy more promptly effective than Prunoids. This is attained, not only with surprising thoroughness, but the activity of both the secretory and muscular function of the intestinal canal is restored with gratifying permanency. Prunoids, moreover, has the especial advantage that it does its work without any of the griping or reactionary constipation common to other cathartic measures. One to three at bedtime can be depended upon to move the bowels without exciting excessive peristalsis.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, NOVEMBER, 1917 No. 5

Editorials

TYPHOID FEVER

Now that the season for enteric fever has arrived, a word or two, to some of our readers, in respect to treatment, may not be amiss.

There need be no hesitation on the part of the physician in subjecting himself to anti-typhoid inoculation. He should then persuade his nurses, internes (if he work in a hospital), and orderlies to follow his example. He should segregate his typhoid cases in a ward by themselves. He should insist on strict asepsis and antisepsis on the part of the patient and the nurse, being meticulous in respect to hands, gloves, food, and medication utensils, dishes, etc.

For treating a patient in the home a good bath may be improvised on the bed by the use of a rolled blanket at either side of the patient, a bolster under the knees and another under the head, upon which is laid a large impervious mackintosh.

As to diet, it is well to remember what Du Bois says:—" In disease, on the other hand, the appetite is no index of the requirement, and the nutrition of the cells is at the mercy of the physician. Likewise the stomach and kidneys are at his mercy, and he must regulate the diet so that it will nourish the cells without throwing too much work on damaged organs, or oxidative functions of the body."

Kemp, in his new work on stomach and intestinal diseases, recommends gelatin as a food, because it lessens nitrogenous excretion, aids in preserving the weight, and causes no intestinal putrefaction. To a man weighing 154 pounds, he would give 1 2-3 ounces of gelatin (210 calories) (in 12 ounces of water—a 12 per cent. solution).

Kemp is opposed to the high caloric feeding. His average would be 2,000 to 2,500 calories daily. To those who favor a milk-free diet, he suggests the following prescription:—

6:00 a. m.	Barley gruel, sugar milk ℥i, yolk 1 egg, 1 pat butter, total ℥viii-x.
7:30 a. m.	Gelatin solution ℥iv (jelly).
9:00 a. m.	Chicken broth (or occasionally lamb broth) ℥viii-x.
10:30 a. m.	Gelatin solution ℥ii (jelly).
12:00 m.	Rice gruel, sugar milk ℥i, yolk 1 egg, 1 pat butter, total ℥viii-x.
1:30 p. m.	Gelatin ℥ii (jelly).
3:00 p. m.	Barley gruel, sugar milk ℥i, yolk 1 egg, 1 pat butter, total ℥viii-x.
4:30 p. m.	Gelatin ℥ii (jelly).
6:00 p. m.	Strained pea soup ℥viii-x.
7:30 p. m.	Gelatin ℥ii (jelly).
9:00 p. m.	Rice gruel, sugar milk ℥i, yolk 1 egg, 1 pat butter, total ℥viii-x.

Only water after 9 p.m., as the patient requires.

The patient is not urged to eat. The juice of several oranges is given during the day.

1—1½ quarts of water to which 20 minims of sulphuric acid is added, are to be drunk during the 24 hours, if no distension is produced.

If milks are given, Kemp recommends the sour milks—matzoon, bacillac, fermillac, Koumiss, Kefir, lactone—buttermilk. If natural milk is used, he recommends that it be diluted with barley water or rice gruel.

For tympanites, the ice-bag is best in many cases; or the rectal tube; or an enema of soapsuds and oil of turpentine (1 drachm). Spirits of turpentine—10 to 15 drops—may be given per orem t.i.d. For distension of the stomach, lavage is useful.

An initial purge by calomel or oil is indicated.

Bismuth and chalk may be given for diarrhea.

For hemorrhage, morphia and the ice-bag; also grxv lactate of calcium.

For hemorrhage, William H. Thomson recommends:—

℞ Pulv. opii } aa gr. v.
Argent. nitratis }
Resin turpentine ʒii.
Liq. potassii ʒi.
Licorice pulv. q. s.

Divide into 60 pills.

Sig.—Two pills every 4 hours. They may be given for a few doses at two-hour intervals.

Perforation—operation. Heart stimulant—gr. 1-60—1-30 of strychnine sulphate.

Kemp says that the value of alcohol as a food or an energy producer is nil—according to scientific research.

Nervous symptoms—Warm or cool packs with ice to head.

Headache—Cold applications.

Insomnia—Sulphonal, trional, or veronal.

Bacilluria—Hexamethylenamin and benzoate of soda āā gr. x.

Beware of bed-sores. To prevent, an air bed, or an old sheep-skin spread under the patient is useful.

Renal insufficiency:—

Cream of tartar ℥i.
Juice of 2 lemons.
Saccharine gr. i.
Aq. ad. 1 qt.

To be drunk in divided doses.

Colitis—Colon irrigation *with the recurrent tube.*

Examine urine carefully during convalescence for colon and typhoid bacilli and, if present, treat for bacilluria (see above).

The urine should be free from typhoid bacilli before discharging the patient.

During August, September, October and November, *city and town authorities ought to use the maximum dosage of chlorine or the hypochlorite if their water shows the coli.*

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:
ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:
W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M.D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:
J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:
PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

PRESIDENTIAL ADDRESS—THE ACADEMY OF MEDICINE *

BY PRESIDENT D. J. GIBB WISHART, TORONTO.

Fellows of the Academy of Medicine:

I had almost said in Presbyterian phrase, "Fathers and Brethren"—

I hesitate to appear before you this evening and from this seat to address you upon subjects upon which I feel so ignorant.

This Academy which I watched through its pre-natal development and at whose birth I assisted, has become in the ten years of its existence such a healthy, thriving youngster with such a capacity for earnest achievement, and withal, with a wilful temper requiring guidance and perhaps the curb, that my heart may well fail me lest I come short in making the year of my official control one of distinct progress.

The rule by which you enlist for three years the services of the individual selected for your highest office—the first year as vice-president, the second as president, and the third as consultant in chief—is, to my mind, most wise, for thereby he is at once trained and stimulated,

It is my pleasing duty to direct your thought first to the programme for the year's study. The programme should be annually prepared in advance with a view to definite progress in a scientific direction. It should not be arranged haphazard nor capriciously.

Each eminence gained upon our path opens up vistas of land unexplored. It is given to our profession to pursue as fascinating an exploration of new truths as ever it was to those

*Delivered at the Mining Building, Toronto, October 2nd, 1917.

intrepid voyageurs who threaded their way across the ocean, entered the Hudson Straits or the mighty St. Lawrence and blazed their paths across this continent to the Pacific. It may be, at times, a false idea, an *ignis fatuus* which leads us on—and we may in our zeal venture to name our mighty rapid a Lachine—but still it is truth and truth only that is our one endeavor.

Our pursuit must never be aimless and I invite the executives of each of the sections to assist in directing the forces of the succeeding year in such a way as will ensure a maximum of success and a minimum of wasted effort. The suggestions thus handed on will ensure a steady development.

Even as it is, what a wealth of experience is available for each of our Fellows who makes his attendance a serious effort, who takes the programme and directs his reading along the lines it suggests, and makes it a resolve to assist his Fellows onward? As iron sharpeneth iron so will such a Fellow increase the usefulness of his section.

We hope to issue an advance notice of our season's course of study and invite your careful perusal thereof, and a regular preparation for each evening's task.

During the summer your officers have had a few matters of importance to transact. The Commissioner invited us to a couple of final interviews upon the position taken up by the followers of the various cults seeking to assist us in the pursuit of medical truth, and we have reason to expect that his report has been finished and that its proposals will presently be laid before the Government and the public. There will be need of a close scrutiny of this report by every Fellow, in a united endeavor upon our part to secure our one aim, that every student of medicine, in the widest application of the term, be required to take the one full course of study and pass the required tests, after which he may practise as he may elect.

It is interesting to note in this connection that the labor and research of our past president, Dr. Ferguson, in the preparation of the articles upon False Systems of Healing have been recognized officially by the American Medical Association's Council on Medical Education.

As you are aware, the Academy held a special meeting in

July and placed upon record its views upon the failure of the Government to place the care of the Returned Soldier in such hands as the profession could trust and respect. I regret to say that matters, up to the present, have not been improved, nor have either the daily press or the Government shown any serious appreciation of the fact that the questions involved are primarily medical and as such amenable only to a medical tribunal.

The Academy has also taken steps to meet the attempt to victimize the public by the exploitation of various alcoholic beverages known as "Tanlac," etc., etc., and trust that presently we shall see the termination of this newest method of trading upon our aches and ills.

The House Committee has made new arrangements regarding the caretaking, and measures to prevent a recurrence of the discomfort occasioned last winter through inadequate heating.

Shortly after the inception of our Academy, steps were taken to ensure for our citizens a supply of healthy milk, and a Milk Commission was appointed by this body. The result upon the milk was very beneficial, but the process has been costly to the public pocket. Is it not time that we as an Academy urged a further step forward, the municipalization of the entire milk trade of the city, including the control and ownership of the dairy farms, the purification and preservation of the milk, and its distribution to the citizens? This would greatly cheapen an essential article of food, by the cutting out of competitive advertising, and the present prodigal waste of time and labor in distribution.

As an Academy, our duty with regard to venereal diseases is not yet discharged.

The striking increase in the prevalence of venereal diseases in Canada is a question that must interest the whole medical profession. There are those who insist that the increase does not exist, but stubborn facts make apparent the falseness of their claim. The reluctance of legislative bodies to deal with this question is to be greatly regretted and there can be no reason why this Province should not include these diseases in the Contagious Act. A very slight alteration of

this Act would enable the police and other authorities to place the dangerous elements in society under control.

The women of the street, who at present are at liberty to come and go as they please and who carry on their wretched traffic unhindered, could thus be taken care of and treated in the early stages of the disease. This would enable the authorities to weed out the defectives among these classes and as a great proportion of the women actually engaged in the illicit traffic are definitely feeble-minded, they might be segregated, if the citizens would wake up to their responsibility.

It is, in my opinion, the duty of every physician to educate the people of the community to a knowledge of the present peril and to suggest this most sane way of dealing with it.

The well-known cover of Bairnsfather's "Fragments from France," bears the cartoon of two Tommies sitting in their dug-out contemplating the effect of a well-placed enemy shell, and remarking "There goes our blinkin' parapet again," an endeavor by the artist to give utterance to the feeling of being—as the "Student in Arms" has it—"blasphemously fed up." We, as an Academy, are "blasphemously fed up" with the misdirection of the medical side of Canada and the great war by our Government and our Militia Department. The profession in Canada has always occupied a high position, in the standing of its institutions of Medicine, in the training and quality of its rank and file, and in the skill and wisdom of its leading practitioners, but we fail to note that a single endeavor has been made by those who govern to make use of these in any fair and proper way, although our profession has been equal, at least, to that of any other of the Allies, in the way it has come forward to assist, and to die when needful.

Compare the action of the United States. No sooner was war declared than the acknowledged leaders of Medicine in every single department were called to Washington to consult on the most scientific way in which the trained profession could be utilized, and these committees were given full control as to the selection of men to fill the various positions. To take one instance—the Oto-laryngologists were listed to the number of 5,488, and in July every one of these men was circularized, and their replies card indexed. In Canada, it has been most

haphazard. A few of our leading physicians and surgeons have been sought out, but the majority have not been called on, and in not a single instance—except this summer when the Dominion Medical Council was invited, I understand, to offer some suggestions, have any of our Medical Associations, University or scientific bodies, been used for their legitimate purpose. There has been no "win the war" policy in Medicine.

The recent action of our College of Physicians and Surgeons in circularizing the Ontario profession is a step forward, but for this the Government cannot claim credit.

The result of this lack of initiative is self-evident. There has been a complete breakdown. The C. A. M. C. is considered by a Parliamentary committee to be a failure; there is a committee of laymen placed in charge of the returned soldiers; our respected fellow and guest, General Fotheringham, has been dallied with so long at Ottawa that his resignation has been sent in; there is no permanent Surgeon-General at Ottawa in whom the profession can place confidence, and if there were, he would not have a voice at the table of the Militia Council. My thought upon this subject is well expressed in an editorial of the *Journal of the American Medical Association* of July 28th:—

"The medical service has not been given the rank and authority which its importance deserves, and the work of the medical department, and the views and opinions of medical officers have not been given sufficient weight by military men. To permit an officer with military training alone, no matter how high his rank or how brilliant his attainments as a soldier, to dictate conditions regarding the hygiene and sanitation of troops and the management of hospitals, is as ridiculous as it would be to give a surgeon authority over the artillery or the aviation corps. Subject always to the necessities of warfare, the military and medical services must be on an equality. Each line of activity requires highly specialized, technical training. To permit either one to encroach on the field of the other is not only absurd, but is often suicidal. Especially should there be the closest co-ordination and co-operation between the military and medical officers in order that the Medical Corps may be of the greatest assistance. This is the lesson which Japan learned

in Manchuria, and which the English have demonstrated on the Western front."

And in the utterance of Lord Esher, in the *London Times* of February 3rd:—

"Certainly the control of the Adjutant-General's branch over the Royal Army Medical Corps was and is responsible not only for the early failure to grip the medical factors of the war, but they hampered conditions under which the Surgeon-General worked. His triumphs and those of the Royal Army Medical Corps have been achieved in spite of obstacles that the subordination of science to ignorance, and of elasticity to military discipline explains, but cannot justify."

The passage of the Military Service Act at Ottawa raises two questions of intense interest to our profession: 1st, What number of army surgeons can the profession of this country legitimately supply; and, 2nd, Shall students entered upon their course of medical study be liable to the draft?

In August last, the Central Medical War Committee of Great Britain informed the Government that after a careful survey of the whole of England and Wales, it is of the opinion that no more physicians can be called on to take commissions in the Army Medical Corps without seriously endangering the supply of physicians for the treatment of the civil community.

In Australia the stress has become so great that the senior practitioners are being called upon to come forward and take on the younger men's job, and it is announced that the Department of Defence will send to France within the next two months every available physician.

In New Zealand we are informed that "as regards medical service for the civilian population the position is now becoming very acute." The Minister of Public Health there recently pointed out the absolute necessity which had arisen for the mobilization of the medical services, and the exercise of control in the location of physicians.

I have recently been invited, semi-officially, to ascertain who among the Toronto practitioners beyond the army service age, are ready to step forward and assume the duties of house-physicians and surgeons, laboratory and dispensary assistants.

So far as figures are obtainable, 75 per cent. of the classes which have been graduated at our University since the war began have joined the C. A. M. C., or R. A. M. C. For three years past, therefore, the accessions to the ranks have been inadequate to supply the loss through death.

The second question is also important. This arose first in Britain, where, as it has proved unfortunately, all students of medicine under the fourth year were drafted as combatants. In the United States the question is now to the fore. The registration recently made covered 8,983 students of medicine, or 85.9 per cent. of all students upon the rolls of the medical schools. In Canada, at the outset, the men in the senior years were advised to remain at their studies, but the juniors were not discouraged from enlisting. The draft will affect as large a proportion of the medical student body in Canada as in the United States. There, however, the question has been solved by the ruling of the President, that all hospital internes, and medical students of the 2nd, 3rd and 4th years, may be enrolled in the Enlisted Reserve Corps of the Medical Department, and pursue their studies while remaining in the military service of their country, but always liable to a call to service by telegraph or letter.

A resolution was adopted by the Canadian Medical Association at its last meeting in Montreal, urging upon the Government the necessity for the mobilization of the entire profession, in order that all those fitted for service overseas by age, and health, and freedom from family duty, might be sent forth. and further, that all others might be assigned to such service at home as their training, and the necessities of the country demanded.

The war is making great demands indeed upon our profession. I do not know of any other profession where similar incomes have been thrown to the winds at the call of duty, and yet we must be prepared to do still more.

It will be wise if this Academy make representations to the Government, both as to the best means of providing medical attendance for the people at home and their sons overseas, and also as to the provision of a continuous supply of students to fill the ranks of the profession depleted by death and enlistment.

It is also true that the relatively low rank under which medical officers serve, handicaps their work both individually and collectively, and in Canada a low estimate has been placed upon the Army Medical Service, the result of defective legislation, which should have been remedied long since.

It is not too late yet for the Government to summon "intelligence" to its aid. Numbers of our profession have gained experience through service that would make it possible for them to give advice that would bring order out of the chaos that exists, and it is due to the high intelligence of our profession that the Government get the best advice which the leaders of medicine can supply. But we want no party politics. Let efficiency alone be considered, whether in appointments in Canada, Great Britain, or the field.

In looking over the work of our Academy in its many phases I am confronted by the surprising fact that we have as yet made no attempt to establish a Historical Museum. There are many interesting details connected with medical institutions which have passed out of existence, with leaders of the profession who are dead and gone, historical facts, relics of those we respected, medical diplomas, documents, etc., etc., which it should be the business as well as the profit of our Academy to collect and collate.

With the cordial permission of your council, I have appointed a committee of interested fellows, and have great pleasure in handing the treasurer a cheque to form the nucleus of a special fund to start this branch of our legitimate work. I invite your co-operation. Give your ideas and information to the members of the committee, and keep an eye open to every opportunity which offers to obtain material for our Historical Museum.

Where questions of public welfare relating to medicine are concerned, the great obstacle to the proper presentation of the weight of medical opinion before Parliament and the public, has been the lack of organization of the profession. Little attempt, if any, has been made to achieve this end by the College of Physicians and Surgeons, who stand, naturally, as the representatives of the profession in this Province, nor has this slight attempt been followed by any measure of success.

The Ontario Medical Association, as the Provincial Branch of the Dominion Association, has been laboring for some years to evolve a scheme, and basing its efforts, to an extent, upon the plan followed so successfully by our confreres in the United States, hopes this fall to put the matter through its final stages, and secure a ready and certain method of bringing medical opinion to bear the full weight to which its training and intelligence entitle it.

It is unnecessary to point out to this body the need which has brought this action about. There are so many questions in which it is highly necessary that the profession speak out with a concerted voice so that the public may be informed, or warned, it may be; or, on the other hand, that a professional body exist, which the representatives of the public may consult before legislation is finally enacted. The success of this Academy is largely due to the influence it has exerted upon such questions as the Workmen's Compensation Act—the presentation of evidence before the Medical Commission, etc., and those who attended our Annual Meeting last May and listened to the reports of our various committees, must have been amazed at the scope of our energies. If the Academy of the Capital of the Province could accomplish so much, what cannot be effected by a properly organized body representing the entire medical opinion of the Province and later of the Dominion, if we can induce the profession of the other Provinces to follow our example? Had a Dominion body existed, such as I have indicated, we should not have seen a body of laymen appointed to tell the profession what to do medically for the returned soldiers.

To my way of thinking, whether it be in matters military, hospital, or of public health, the effect of legislation has been to bring it about that our profession has been degraded to be the hewers of wood and drawers of water for those who advertise themselves as being business men, and this reproach "that we of the profession are not business men" is often hurled at our heads. By the reorganization which is planned, every reputable physician in the Province will have an opportunity of expressing his views upon all matters of public import medically, and in such a way that no legislative body can afford to pass them over lightly.

While the public has a duty to the profession, the profession, on its own side, has a duty to the public, and the occurrence of such unfortunate incidents as took place in connection with a well-known criminal case of the past summer in this city is a disgrace to us.

Ignorance of responsibility by the attending physician and the hospital authorities, is a reflection upon the training of the student, and the knowledge that every licensed practitioner should possess of the code of ethics which we profess.

Are you each personally aware that you are obligated to obey a code of ethics? I wonder. Nevertheless the law does not excuse a man because of ignorance, and our By-law No. 10 is decisive. We are bound by the Code of Ethics of the Dominion Medical Association. How many of you have even read these, let alone committed them to memory, and yet you are bound to these by oath. I am afraid students enter upon the study of medicine too often as a means of livelihood or business, and do not know that they thereby assume great responsibilities. As was stated in a *Globe* leader of a few weeks since:

"Medicine is not a private profession. The medical man today is not merely a private practitioner; he has a social obligation; he is a trustee for society, his duty to his patient and to his patients' friends must be read in the unwinking light of his own social responsibility as a guardian of public life and a leader of public opinion."

"The public good is the moral standard by which professional service is tested."

"Privileges recognized by the public and protected by parliament give duty supreme claim, and make that obligation binding upon every member of the profession."

I am not desirous of deprecating the high standard of conduct which characterizes our Fellows. My wish is to point out that we must force all the members of our profession to recognize that they must think and act as we do, or leave our ranks. We are far too lenient with those who commercialize our calling. We are disposed to protect the failings of our brethren, even when we recognize that these failings are due to a low moral standard, and not to the inadvertences which the experience

which comes with years will remedy. Medical science is advancing rapidly. No one among the public can point the finger of scorn at what our profession is doing for the world. Are we at all keeping pace with this advancement, in the recognition of our moral and ethical responsibilities? Is the practitioner of to-day standing in each community upon a higher plane than did his predecessors? Is he the leader in all measures for the public good?

We boast of our advance in knowledge, but "knowledge is power, and power is not for personal advantage, or for private gain, but for social service, and for the public good."

Let us beware where we stand, lest we fall.

The very humblest man or woman who receives the license to practise medicine should know that by that act, the honor of the highest of the professions is committed to their charge; that whether they walk abroad or sit at home—they embody in their persons the dignity and moral responsibility attached thereto, and that they stand pledged, as the Hippocratic Oath has it, "that with purity and with holiness they will pass their lives and practise their art."

What can we do, beyond individually setting the highest example we know how; frowning down all suggestions in thought or expression which savor of a lower standard; seeing to it that our new Fellows, as they are elected, receive instruction in the rules which govern our conduct, and requiring of those bodies which educate students of medicine, a definite course of teaching from such living exponents of our standards as one whom I see before me to-night.

Personally, I have always regretted that such matters form so unimportant a part of the medical curriculum at the Universities, nor can I find that a graduation oath is demanded by the College of Physicians and Surgeons, or by any of the Universities of this Province, with the exception of Queen's, while that administered to the graduates of McGill is in Latin.

It may be asserted that an oath has little weight, but no Masonic initiate could forget the oath he takes, and its administration would, at least, serve to draw to the attention of the attestant the solemn character of the service upon which he enters, and there is no reason why every practitioner should

not legally be compelled to keep a copy of the oath in a prominent place in his office as a perpetual reminder of his duty. The oath should be administered at graduation, in no merely formal way, but with a solemnity befitting its nature.

The sin of the educated practitioner is, as a rule, one of ignorance, and as things are now conducted, there is little wonder that this ignorance exists.

An evil which has been very prevalent among the profession to the South, and which was a factor in the inception of the American College of Surgeons, has shown its hydra head in Ontario and in Toronto. I refer to fee-splitting.

To mention it is to condemn it. It is a frankly dishonest transaction which stamps as a fraud the practitioner who demands his pound of flesh. It destroys all possibility of the patient obtaining an honest opinion from his attendant if that attendant is to share in the fee of the operator to whom the patient is referred by his attendant. Timothy was assured by St. Paul that the love of money was the root of all kinds of evil. This is one of the evils which not only injures the parties to the transaction, but commercializes the profession and gives sure and certain ground for distrust on the part of the public.

It is to the interest of this Academy to "wage a relentless war of extermination upon this degrading and dishonest practice, so fatal to professional honor and integrity."

I am credibly informed that men in this city have endeavored to solicit the operative work of practitioners upon the frankly stated basis of a fifty-fifty division of the fee, and I have personally been solicited by a general practitioner to state what percentage he might expect to receive upon referred cases. The physician who sells his soul of honor for a paltry fee, and the would-be surgeon who builds up his experience upon cases referred upon a financial basis of share and share, are equally abhorrent, and with your help we will drive them from our midst.

This naturally introduces the subject of the training of the surgeon. Surgery has been well defined as "a science founded upon certain fundamental principles, without a thorough knowledge and understanding of which, no man can do himself or his patient justice."

As Dr. Finney has said, "No doctor, no matter who, without a thorough surgical training, has the moral right to attempt to make a practice of surgery. He may succeed in doing certain minor operations, or even certain major operations, well; he may learn to do mechanically certain things satisfactorily to his patient and to himself, and he may have a fair percentage of success; but, sooner or later, he will meet his limitations, and in attempting to go beyond these, with his small and imperfect equipment, some of the catastrophes of surgery will happen, and then, who pays the price of his temerity and ignorance? Yes, let me repeat, surgery is far too serious a matter to be lightly undertaken by those who are not thoroughly trained in the fundamental principles underlying its proper performance."

It is not necessary to leave this city to see in well-equipped operating rooms, heinous crimes committed against the most fundamental surgical principles and techniques. These are done by men who, for the gain of filthy lucre, would shorten the regular and necessary steps to a reputable surgical practice. They will not agree to spend several years as an assistant and understudy to a surgeon of experience, but by various underground expedients, solicit cases upon which they may try their prentice hand.

No hospital which values its reputation, or which appeals to the public for financial support upon humanitarian grounds, has the slightest right to open its operating rooms to any but tried and experienced surgeons of established and good repute, unless it be in the capacity of assistant only.

We read everywhere articles suggesting that the one great effect of the war will be a new world—a fresh outlook, an upsetting of accepted aspects of truth—a fundamental change. In fact, it will usher in a reign of "peace and good-will to men." What, we are asking, will be its effect upon medicine?

Those of you who have read the second volume of "A Student in Arms" will have been struck by the chapter entitled "The Good Side of Militarism," where Donald Hankey refers to the fact that in pre-war days "self-realization" was considered to be a primary duty of every man and woman, and the words "Fear God and keep His commandments" amended to read "self-realization"—but that as a result of military dis-

cipline as practised in the 20th century by the democracies of the world, we have learned the "unimportance of individuality, realizing that in a national, a world crisis, it counts for nothing"—the good soldier has learned the hardest lesson of all—the lesson of self-subordination to a higher and bigger personality. He has learned to sacrifice everything belonging to him personally, to a cause that is far greater than any personal ambition of his own can be.

In medicine we have seen great things—the death-rate of the army from disease reduced far below that of the civil community in the times of peace; camp sanitation; the purification of water; minute attention to the bodily care of marching soldiers; vaccination against typhoid and tetanus; have achieved amazing results, and honors are pouring in upon those of our profession who have taken the lead in demonstrating what results may be obtained when medical science is utilized to the full. We are every one proud of our own Col. Nasmith, C.M.G.

Is it not evident that the effect of all this is to exalt the preventive side of medicine; to reveal to the world that syphilis, the care of the child of school age—tuberculosis, etc., etc., may be taken out of the hands of the family practitioner and assigned to the care of the State? May these not be the signs of the times that the day of the competitive physician and surgeon is over and that presently he must become a member of a panel and have removed from him the opportunity to exploit his experience for mere gain—that as his training is even now largely paid for by the State, so his employer hereafter may be that same body. The greatest good of the greatest number.

What will follow will be, and already there are ominous movements in the not too solid ground on which we stand—that those who teach in our clinical and final subjects will be whole time men, paid by the State at a salary commensurate with their responsibility and with an equal allotment of money for the maintenance of the laboratory side of each department.

I am not a prophet, but let us not mistake, there are great changes coming.

Fellows of the Academy of Medicine, let us then be up and doing, and remembering the words of our example, the Great Physician, "work while it is day."

47 Grosvenor Street, October, 1917.

Society Proceedings

CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

Members of the Canadian Association for the Prevention of Tuberculosis, which met in Ottawa on September 26th, crowded every minute with valuable discussion having in view the eradication of the "white plague," which is annually taking a heavier toll than the war. From the opening of the deliberations they discussed various phases of the problem.

The concluding item of business was the election of officers and the adoption of the report of the committee on resolutions. The former resulted as follows: President, Dr. J. A. Machado, Ottawa; Vice-Presidents, Sir John Gibson, K.C.M.G., Hamilton; Senator McClennan, and Hon. R. I. Thornton, Minister of Education for Manitoba; members of Executive Council, D. A. Stewart, Winnipeg; J. G. Fitzgerald, Toronto; and D. Townsend. Sir George Burn, Honorary Treasurer; George D. Porter, M.B., Secretary, and the other officers were re-elected.

Four important resolutions were adopted. Of these, that having widest general interest is to the effect that the Minister of Militia be petitioned to provide that recruits in future be examined by chest specialists before acceptance for service overseas. This proposal is made with a view to reducing the number of tuberculosis cases among the Canadian Expeditionary Force, as experience has taught that many men accepted have had latent in them the germ, which required but little exposure to develop, while others have been previously discharged from sanatoria, where the progress of the disease has been arrested.

Another resolution proposes that the Minister of Agriculture be called upon to enact such a measure as may be neces-

sary to compel the pasteurization of all milk and cream used in the manufacture of butter.

Sir James Grant, dean of the medical profession in Canada, who was a prominent figure throughout the meeting, proposed a third resolution, which was to the effect that clinics for the study of tuberculosis be established in all Canadian cities where they do not now exist.

The fourth proposed that anti-tuberculosis activities be extended to the training and protection of the youth of the Dominion against the disease.

Among the principal speakers were Hon. J. W. Daniel, retiring president, and Dr. W. A. Evans, of Chicago, one of the foremost authorities on the subject on the continent.

A brief resume of the work of the association, supplementing that given by the secretary, was contained in the message of the president, who said in part:

"In this association we are particularly interested in the effect of the war on the health of the soldier, and more particularly its effect on the incidence of tuberculosis. As might have been expected, this has been very considerable.

"Even before being sent overseas, it has been found that 1,271 men were invalided from this cause, the hardships of training being sufficient to bring to activity the latent disease evidently present on enlistment, while on the other side of the Atlantic the severer work of the trenches and the exposure necessarily accompanying campaigns carried on during the severe weather of winter and other inclement seasons of the year, has caused 2,000 more cases."

With regard to the work of the association during the past year, Hon. Mr. Daniel said:

"It is a work that more than amply justifies its existence. At the time of the organization of this association, the death rate in Ontario from tuberculosis was 149 per 100,000. Since then there has been a gradual reduction in the mortality, till last year it was reduced to 91 per 100,000."

The president continued:

"The general public requires to have the subject brought frequently to their notice in order to keep them impressed with the absolute necessity in the interest of the public health

and public well-being that this dreadful plague should be eliminated. There is no class of people who require these constant reminders on the subject more frequently and more forcibly than our public men, who have it largely in their power to carry into successful operation those measures of reform which are necessary to eradicate this dreadful and insidious disease."

A comparison of conditions in this and other countries in which systematic efforts are being made to counteract the disease with those that have not aroused themselves to the danger was then made. France, in which prior to the war tuberculosis was not recognized as a communicable or reportable disease, was specially referred to. There 150,000 soldiers with active tuberculosis have been discharged from the army; there is an appalling number of cases in the war-ridden regions of Northern France, and a great proportion of the French refugees and travellers being returned to their native country from exile in Germany are tuberculous.

In conclusion, Hon. Mr. Daniel said:

"The profession have done their duty; it remains for the public to see that the work and advice of the profession should be properly appreciated and acted upon."

Taking as his argument the assertion that there should be the same degree of improvement with respect to tuberculosis as has been experienced with respect to other preventable diseases, Dr. Evans contended that this could be accomplished only by controlling the civilian population in the same manner that the soldiery is now being handled, and that this could be brought about only by the combined efforts of citizens, health officers and workers in "the great cause."

The speaker said the idea that armies had to be periodically decimated not by wounds caused by the enemy, but by preventable diseases had disappeared, although it prevailed up to within a comparatively few years. The Franco-Prussian war had upset this theory, although even in the twentieth century victory was snatched from a meritorious army which failed to recognize the fact.

In the opinion of Dr. Evans, this war would set up a record not equalled nor approached by that of any other war—

and the credit would be due men of preventive medicine. At this juncture, he proceeded to review the policy that has been adopted by the United States with respect to physical examination of recruits, in which connection one body has been specially designated to do nothing except pass upon those suspected of being in danger of falling victims to tuberculosis. Details of the scheme were given.

"A century ago, war was for warriors. To-day, we are fighting more effectually because of the advance in the effectiveness of our instruments and because of the fact that not only the soldiers at the front, but those in every strata of life are comprehended in the struggle," said the speaker.

The keeping of the armies of the allies healthy and efficient was declared to be a matter of patriotism and duty. Dr. Evans continued:

"Out of this great demonstration of organization for destruction, I think there will come a capacity for organization for construction such as the world has never before witnessed. Instead of devoting our energies to the cause of death, we shall devote them to the cause of life. The success of this is possible, however, only if you—the people—realize the situation."

After urging the need for more general recognition of the fact that "night air" was no more harmless than "day air," the speaker went on to point out that, while soldiers are compelled to take treatment for tuberculosis in both their own interest and that of the world at large, nothing has yet been done to regulate civilians in the same manner. If progress were to be made, such a course would be necessary, he said.

Such an improvement in conditions as is hoped for could be brought about only by a country-wide revolution, declared the speaker, who urged upon his hearers the fact that this could only be accomplished by a recognition of the situation by the people at large.

Sir James Grant moved a resolution of thanks to the speaker, and was seconded by Dr. Blackader, of Montreal.

The afternoon session was given over entirely to a discussion of the problem of "The tuberculous soldier." Medical officers from various parts of the Dominion dealt with various

aspects of the question, and much information was derived from the discussion of the various points made.

The general question of the extent to which the disease was prevalent in the Canadian forces was dealt with by Capt. J. H. Elliott, A.M.C., Toronto. He stated that, based on an average daily enlistment total of 330,000 men, the morbidity rate among the soldiers was 5 per 1,000. While no corresponding figures for the total population of Canada were available, but based on a mortality rate of 1.8 per 1,000 in 1911, the morbidity rate could be conservatively placed at 9 per 1,000—thus disproving the contention that the prevalence of the disease was higher among the soldiers than among the civilian population. The mortality rate among the people of Canada of military age during the same year was 4.43 per 1,000.

Dr. W. B. Kendall, Gravenhurst, dealt with the results of treatment, saying that in even most advanced cases new leases of life had been given. He went into the subject in detail, from a technical point.

"Vocational Training," the subject of an address by Captain R. Roddick Byers, St. Agathe, provoked much discussion. The speaker told how much difficulty was experienced early in the taking up of this problem as a result of insubordination on the part of the patients, who naturally found it difficult to adjust themselves to the new mode of living. This has been entirely changed since the handling of the problem has been done on a systematic basis. Those patients in the "rest cure" stage are provided diversion by "fancy work," in which they take great interest, while those in the "exercise" stage are allowed to take up heavier pursuits, ranging from wood-carving and cabinet work to gardening.

"The men are happy. They're making useful articles, many of which can sell. There have been no discharges for a long time; some of the men even ask us to extend the time of their treatment.".

At the conclusion of his address, Capt. Byers exhibited specimens of the work, which aroused much admiration.

Among those who took part in the discussion were Captain William Ogden, Toronto, and Dr. J. H. Holbrook, Hamilton.

Owing to the unavoidable absence of Lieut-Col. Thompson,

medical superintendent of the Military Hospitals Commission, a paper reviewing the work of the commission was read by Captain May.

"With the inevitable loss of man-power due to the war, there is all the more reason to conserve the health and strength of the people, and especially that of the young, for the silent enemy—tuberculosis—is taking off as many Canadian lives every year of the war as are the German guns at the front."

The excerpt is from the report of George D. Porter, M.B., secretary of the association. At the morning session, at which a review of the work accomplished during the year was presented to the members, important papers dealing with four phases of the work were read.

In his report, Dr. Porter, secretary, said that, as a result of the war, the question of tuberculosis was receiving more attention than ever before. Stating that at the end of 1915, 85,000 French soldiers had been returned to their homes with active tuberculosis, and that it was now estimated that their number totalled 150,000, he said this was due to the failure of that nation during the years before the war to recognize the disease as a serious problem. In Britain, early in the second year of the war, 2,770 tuberculous soldiers had been discharged from the army, and the number had since been greatly added to.

After a review of the situation in this respect in other of the warring nations, the secretary went on to state that in Canada we had 1,194 tuberculous soldiers, who are being cared for at a cost of about $1,300 per annum.

SIXTH ANNUAL CONGRESS CANADIAN PUBLIC HEALTH ASSOCIATION

The Sixth Annual Congress of the Canadian Public Health Association was held in Ottawa on September 27th and 28th last. The attendance was very representative; members were present from every Province of the Dominion. The programme was arranged to include a symposium on or discussion of four main topics. The first morning session was devoted to a discussion of Venereal Diseases Problem. Most interesting papers were read by Capt. Gordon Bates, of Toronto; by Major Lauterman of Montreal, for Lieut.-Col. F. S. Patch, of Montreal; and by Dr. Hector Palardy, of Hull, Que. The discussion was opened by Captain H. W. Hill, of London.

At the first afternoon's meeting, the Presidential address of Dr. J. D. Page, of Quebec, was read. It was a comprehensive and forceful presentation of many aspects of the Immigration question. Following this, a symposium on Nation Health Insurance was held. Those participating were Mr. Miles M. Dawson and Dr. I. M. Rubinow, of New York, and Dr. C. J. Hastings, of Toronto. The discussion was opened by Dr. John P. Morton, of Hamilton. This was a most interesting session and really opens the educational campaign on Sickness Insurance, etc., in Canada. It is a matter of interest that these two sessions are the first ever held in Canada devoted to the discussion of these topics. The papers will appear in the Public Health Journal.

The morning session of the second day of the meeting was devoted largely to Child Welfare and Housing. Dr. Alan Brown and Miss Mary Power, of Toronto, and Mrs. J. A. Henderson, of Montreal, made important contributions to the first subject.

Mrs. A. M. Huestis and Mr. F. A. Dallyn presented papers on Housing. The paper of Mr. Dallyn was illustrated by excellent lantern slides. Both of these speakers dealt in an adequate manner with this extremely important subject in its relation to civic betterment. Dr. J. A. Baudouin, of Lachine, read a paper on the Milk Question. Papers were also read by

Dr. F. C. Middleton, of Regina, for Dr. M. M. Seymour, on "Vital Statistics"; by Dr. W. H. Hattie, of Halifax, on "Some Medico-Sociological Problems Arising Out of the War"; "Reducing Quarantine Periods," and "The Provision of Custodial Care of Recalcitrant Open Tuberculosis Cases," by Capt. H. W. Hill, of London. Dr. Helen MacMurchy, of Toronto, read a paper on "The Influence of Mental Defectives on the Public Health."

A meeting of the Laboratory Section was held on the afternoon of Sept. 28th. Papers by Col. G. G. Nasmith, Toronto; Professor A. Vallee, Quebec; Capt. R. D. Defries, and Dr. H. K. Detweiler, of Toronto, were presented, and Mr. Joseph Race, of Ottawa, brought forward the provisional draft of the report of the Committee on Standard Methods of Water Analysis." The Laboratory Section was well attended. Hamilton was chosen as the place of meeting for 1918 and joint sessions will probably be held with the Ontario Health Officers Association in that city during the last week in May, 1918.

The following officers were elected:—

Patron—His Excellency the Governor-General.
Honorary President—Sir John Gibson, Hamilton.
President—Dr. W. H. Hattie, Halifax.
Vice-Presidents—Dr. J. A. Hutchinson, Westmount; Mrs. A. M. Huestis, Toronto; Dr. George Clinton, Belleville.
General Secretary—Major J. G. Fitzgerald, Toronto.
Treasurer—Capt. George D. Porter, Toronto

THE ACADEMY OF MEDICINE, TORONTO

The Academy of Medicine, Toronto, started its winter's work with the open meeting, which took place in the Mining Building of the University of Toronto on Tuesday, October 2nd. Prior to the meeting the President, Dr. D. J. Gibb Wishart, entertained a number of Fellows of the Academy at dinner at the York Club. The dinner was an exceedingly pleasant one and thoroughly enjoyable.

The evening's programme consisted of the President's inaugural address, which we have reproduced in this issue of

The Journal. We think that our readers will agree with us that the President excelled himself, his address being one of the very best that has ever been delivered before the Academy. The President was followed by Surgeon-General J. T. Fotheringham, C.M.G., who gave a most interesting talk upon "The War and its Bearing Upon the Profession in Canada." Surgeon-General Fotheringham just recently returned from France, and we venture to say that the audience on October 2nd would willingly have sat for an additional hour in order to hear the details, as described, of his work in the different hospitals and advanced dressing stations in France. Dr. Fotheringham exhibited a number of steel helmets, which he brought back with him, several of them still stained with blood and others caked with the mud of No Man's Land in Flanders. The opening meeting of the Academy for the winter augurs well for its success, and we take this opportunity of urging all the Fellows to turn out to the different meetings, as contained in the monthly programmes.

We are sorry, owing to lack of space, not to be able to make allusion to the Section meetings that took place during October.

MEDICAL INSPECTION OF PUBLIC SCHOOLS, TORONTO

The reorganization of the Medical Inspection in the Public Schools of Toronto under the Board of Health has been completed. The system as now in operation provides for medical inspection in the separate schools and for medical service all the year round, instead of only ten months in the year, as formerly. Several new appointments have been ratified by the Board of Health, including that of Dr. M. B. Whyte, D.P.H., as Director of Medical Services at a salary of $3,500. Under the Board of Health, the health physicians employed in the schools will be required to carry out the duties of district health officers in the districts in which they are assigned, such as visiting civic employees and duties under the Workmen's Compensation Act. Miss Dyke is now director of the division of public health nursing and the activities of the

public school nurses have been woven into the general public health nursing service. Dr. Whyte explained recently the reorganization of the system of inspection to be adopted, showing the location of the schools and the five health districts into which the city has been divided. The Board of Health, acting on a recommendation of Dr. Hastings, will ask the Provincial Board of Health to have venereal diseases placed in the same category as what are deemed communicable diseases, so that any person so affected may be placed under quarantine, and also to provide that any person suspected of being infected may be required to undergo an examination, and if found diseased, placed in quarantine. In case of dispute as to the infectiousness of any person, the board shall have the final decision.

Personals

We take this opportunity of extending to our confrere, Dr. A. C. Hendrick, warm congratulations on his recent wedding. The best of good luck to the bride and groom.

Dr. Frederick Minns, who was Medical Inspector of the Department of Education, and who, since the work was handed over to the Department of Health, has been in the latter office, has resigned. In 1910 Dr. Minns went on the Medical Board as Assistant Medical Examiner and filled that position for two years, becoming in 1916 Chief Inspector of the Board of Education Medical Board.

The Physician's Library

Acute Appendicitis. By C. Hamilton Whiteford, M.R.C.S., L.R.C.P., London, Eng.; Harrison & Sons, 45 Pall Mall, S.W.

This excellent little paper on Appendicitis represents the views of an acute observer gained from twenty-five years of extensive surgical practice. It is a brief discussion of the problem as it presents itself in private practice and is a clear guide as to the best course to be pursued from the time the patient is first seen until he returns to normal health. The chapter on diagnosis is of particular interest, outlining the sure course to a correct conclusion. The treatment advocated agrees with the best accepted teaching.

Obstetrics—A Text-book for the use of Students and Practitioners. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University; Obstetrician-in-Chief to the Johns Hopkins Hospital, Baltimore, Md. Fourth enlarged and revised edition, with seventeen plates and six hundred and eighty-five illustrations in the text. New York and London: D. Appleton & Co. 1917.

As we have previously mentioned in these columns, Professor Williams' Text-book is one of the best volumes on obstetrics in print. It must be most gratifying to him to be called upon to put out a fourth edition in so short a period of time. This fourth edition has been very thoroughly revised. The chapter on Obstetrical Anesthesia is of exceeding interest and should be read by all obstetricians, as also the pages dealing with "The Relation of Syphilis to the Generative Process." The illustrations are splendid and add materially to the value of the book.

Ammunition for Final Drive on Booze. An up-to-date arsenal for Prohibition speakers. By Rev. Louis Albert Banks, D.C., author of "Saloon Keeper's Ledger," "Seven Times Around Jericho," "The Lincoln Legion." Funk & Wagnalls Co., New York and London. 1917. Price (by mail), $1.62.

The author says, "This is the New Epoch—please God, the Last Epoch—in the fight against the liquor traffic in America. The speaker of to-day who is going to be felt effectively in the strife must use the arguments and speak the language of to-day. He will find here what he needs to equip him for the last drive on the enemy."

The book is full of the very strongest of arguments against the use of liquor as a beverage, a worse enemy than even the German autocracy. It contains also a large number of testimonies from men who know what a curse liquor has been to the human race, and the volume will be found of inestimable value to Prohibition speakers.

Methuen's Health Series. Edited by N. Bishop Harman, M.B., F.R.C.S. Fcap. 8vo. 1s. net. Methuen & Co., 36 Essex Street, Strand, London, W.C., Eng.

The purpose of this series of books is to aid seekers after good health and wholesome bodies. Each is written by a medical man who writes familiarly of the subject assigned.

"Tuberculosis and How to Avoid It," has been written by Clive Riviere, M.D., F.R.C.P. Methuen & Co., 36 Essex St., Strand, London, England.

This is a very good book to put in the hands of any member of a family in which tuberculosis exists. It will put him on his guard and will help parents in the protection of their children who may be exposed. The volume would be improved with some directions for sleeping out of doors.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS *

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H. Albert, Esq., Hot Springs, Va., U.S.

* Publisher's Department.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLII. TORONTO, DECEMBER, 1917 No. 6

Editorials

MR. HORACE L. BRITTAIN, Ph.D., NOW SUPERINTENDENT OF TORONTO GENERAL HOSPITAL

As announced in THE HOSPITAL WORLD several months ago, Dr. C. K. Clarke, who for several years has been Medical Superintendent of Toronto General Hospital, handed his resignation to the Board of Governors. The matter was, however, held up, as the Board hesitated very much to lose the services of so good an officer. A few weeks ago it was announced that Mr. Horace L. Brittain, Ph.D., who is Managing Director of the Toronto Bureau of Municipal Research, had been asked to accept the position of Superintendent for one year. This step will be followed with very considerable interest by the medical profession in and around Toronto. Mr. Brittain is to have the wise counsel of Dr. Clarke, who will be Medical Director, and who will advise on all matters relating to the medical side of the institution, in the future of which the entire province are greatly

concerned. The appointment of Mr. Brittain follows upon actual observations of himself and some staff members of the Bureau in the hospital for months past, and it has been felt that he could best carry out some of the suggestions that he has embodied in a very gratifying report of the efficiency of the hospital and its staff. It is understood that Mr. Brittain accepts the superintendency of the hospital with the approval of the Bureau of Municipal Research, and does not intend to sever his connection with that Bureau. In Dr. Clarke and Mr. Brittain the Toronto General Hospital has the services of two men of quite outstanding ability in their respective spheres of a work that means very much to the people of this city and the Province of Ontario generally. A deputation recently waited upon the Board of Control requesting assistance from the city in meeting an overdraft at the bank amounting to about fifty thousand dollars. The Controllers deferred action.

THE ARMY MEDICAL CORPS TO CONTROL MEDICAL SERVICES

THE long-standing controversy between the Militia Department, the Army Medical Corps and the Military Hospitals Commission, as to which body should have control of the Medical Services in connection with returned soldiers has, it is understood, been settled, though up to our going to press the formal Order-in-Council had not been issued which will restore to the Army Medical Corps the work which

medical officers have very properly declared should belong to and be controlled by the Army Medical Corps. It is understood that the whole work is to be returned to the Militia Department and the control of the Medical Services to the Army Medical Corps. It is understood that the Military Hospitals Commission will be disbanded in the readjustment. Surgeon-General Fotheringham, up till recently, had refused to accept the position offered him as Director of Medical Services, Invalids, and would have nothing to do with the work until such a time as the Army Medical Corps were given complete control of the situation. In the meantime, Surgeon-General Fotheringham is acting as Director-General of Medical Services at Ottawa during the absence of Col. Potter.

MEDICATED WINES

In taking action looking to the restriction of the sale of medicated wines the Provincial License Commissioners should consider whether the beverages under consideration are or are not really genuine medicated wines. Two or three old established firms for many years have been manufacturing the "Simon Pure" article—wines which have the endorsation of the medical fraternity. That the same treatment should be meted out to these firms who have been carrying on business honestly and supplying to the public a first-class product, as is meted out to the manufacturers of the counterfeit article is unjust and unfair.

More than one firm has always used a good brand of port along with pure drugs of a tonic and nutritive character, while the fake manufacturers have unscrupulously put out products containing inferior varieties of alcohol, poisonous in their character; hence most detrimental to the system. And these are the sorts sought after and procured by the "old soaks" who must have their booze, no matter what the quality.

Without doubt the sale of these toxic grades of wine should be prohibited, and exception should be made in favor of the good product.

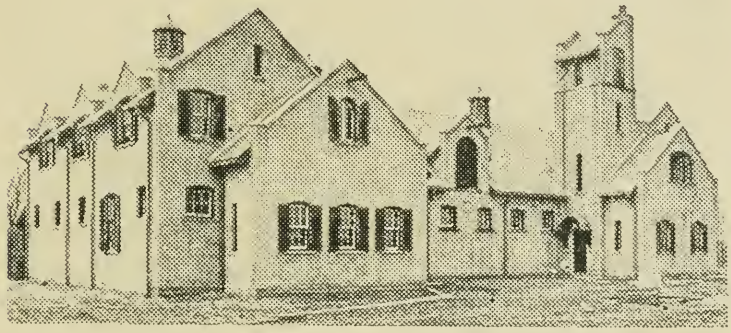
MAY USE ENEMY PATENTS

WASHINGTON, Oct. 31.—Regulations under which articles patented in this country by enemy aliens may be manufactured by American producers were issued yesterday by the Federal Trade Commission under authority conferred by the Trading With the Enemy Act. Licenses will be issued for the life of the patent and not merely for the duration of the war, but exclusive licenses will not be granted to individual firms.

The above despatch would seem to indicate that at last the United States Government is prepared to meet the strongly expressed desire of the profession in the matter of putting a stop to the monopoly that has existed in the manufacture of such articles as Salvarsan, Novocaine and Aspirin. The wonder is that action has been so long delayed. We congratulate the *Journal of the American Medical Association* for the splendid fight it has put up to obtain this new and much-needed regulation.

THE NEW CONNAUGHT LABORATORIES

THE Connaught Laboratories of the Department of Hygiene of the University of Toronto were formally declared open by His Excellency, the Governor-General, on the afternoon of October 25th. The Laboratories are the gift of Col. Albert Gooderham. Their immediate interest, over and above being ex-



THE NEW CONNAUGHT LABORATORIES.

ceedingly valuable additions to the University, lies in the fact that at these Laboratories serums are obtained that are now being largely used in the prevention of disease among Canadian soldiers at the front, particularly antitetanic and antityphoid serums. The Laboratories are situated on a farm of fifty acres, eight miles north of St. Clair Avenue, Toronto. During the afternoon a series of film pictures were shown detailing the different processes used by the Laboratories. Col. Gooderham formally

handed over to Sir Edmund Walker, as Chairman of the Board of Governors of the University, the keys of the Laboratories. With the keys went promises of support amounting to twenty-five thousand dollars, which sum, with an added sum of seventy-five thousand dollars promised by the Provincial Government, will make the necessary endowment fund.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:

MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor;

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, And make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

SYPHILIS OF THE CENTRAL NERVOUS SYSTEM*

BY JOHN PHILLIPS, M.B.
Assistant Professor of Medicine, Western Reserve University, Cleveland, Ohio.

THERE is no condition that is so frequently overlooked in clinical diagnosis as syphilis of the central nervous system. It manifests itself in so many different ways, and can simulate so closely other pathological conditions that the physician is often deceived. Especially is this likely to be true if too much reliance is placed on the denial by the patient of a previous chancre. Nor is the patient always dishonest in this denial as extra-genital chancres are not uncommon. Dr. Cole, in the dermatological department of Lakeside Hospital has in a short space of time collected 45 cases of extra-genital primary lesions. In fact it is the duty of the physician in any patient that presents symptoms of disease of the central nervous system to determine the presence or absence of syphilitic infection. This requires a careful anamnesis, a Wassermann reaction of the blood and spinal fluid, and what is more important a lumbar puncture with a cell count of the cerebro-spinal fluid, together with the globulin reaction. The question might be raised as to the danger of lumbar puncture as a routine procedure. Excluding the cases of subtentorial tumors in which sudden death may occur from interference with the medulla, there is little danger if the puncture is done with the patient in bed, if proper antiseptic precautions are taken and if the patient is kept in the recumbent posture for at least 48 hours afterwards. The luetin reaction is also of value in the detection of cases of latent syphilis, but as far as our observations permit of conclusion, it is not so reliable as the Wassermann reaction or the increased

* Read at the Ontario Medical Association meeting.

lymphocyte cell count of the spinal fluid. Many cases of cerebro-spinal syphilis are missed, too, because a neurological examination is neglected as a routine procedure. It takes only a comparatively short time to test the pupillary reflexes, the integrity of the cranial nerves, the motor power of the extremities, the presence or absence of changes in tactile, pain, thermic and vibratory sensibility, to look for inco-ordination, proxinal or acroataxia, disturbances of muscular sense or the sense of position, and results obtained in making a satisfactory diagnosis, will more than compensate for the time spent. When we simplify the teaching of diseases of the nervous system in our medical schools, more attention will be paid to the diagnosis of disorders in this branch of medicine by our graduates.

One feature which has been emphasized by our observations of recent years is that syphilis may affect the nervous system as early as five or six weeks after infection. This has been demonstrated by the increased cell count, and by the clinical manifestations. I recently saw a case of well-marked facial palsy that manifested itself coincident with the appearance of the secondary rash.

The opportunities for studying the pathology of syphilis of the nervous system are not so frequent as might be imagined, as efficient therapy allows fewer of these cases than other forms of organic nervous diseases to come to the post-mortem tables. Syphilis may manifest itself in the bones of the cranium and vertebræ as a periostitis, osteitis or as gummatous formations. As a result of this there may be compression of the cranial nerves at their points of exit from the skull or a similar effect on the spinal nerve roots. The involvement of the vertebræ is more likely to produce disastrous effects from compression of the spinal cord than similar lesions of the cranium would of the brain.

Syphilis may affect the brain and spinal cord in three different ways: (1) In the form of gummata; (2) As a diffuse leptomeningitis; (3) As a disease of the blood vessels. Seldom do the three types of disease occur alone, but practically always in combination. The gummata may be single or multiple and vary in size from a hemp seed to a walnut, or even larger. Fournier found in 4,000 cases of late syphilis that gummata were

present in 6.3 per cent., and of the internal organs the brain stands next in frequency to the liver and kidneys. Gummatous tumors begin their growth in the connective tissue of the meninges of the blood vessels, affecting the nerve tissue secondarily by their presence. The symptoms produced by gummata would therefore resemble those of brain tumor.

Syphilitic meningitis affects all three coverings of the brain. It is most marked at the base of the brain, hence the early disturbances of the cranial nerves. In the dura it is sometimes connected with a periostitis of the cranial bones. The dura is often greatly thickened and adherent to the pia and arachnoid. Along with this thickening of the meninges there may be gummatous deposits. This is particularly true in the region of the chiasm and interpeduncular space. Seldom is the meningitis localized. The structures at the base that suffer most are the nerves of the eye muscles, the optic nerves, the trigeminus, the facial and auditory nerves. Rarely the vagus, glossopharyngeal, spinal accessory and hypoglossal nerves are affected. Syphilitic meningitis is essentially a chronic process. It should be remembered that it may occur early in the secondary stage, coincident with the appearance of the eruption on the body.

The blood vessels in cerebro-spinal syphilis are peculiarly involved. The most marked change is a proliferation of the intima, with narrowing of the lumen and a tendency to thrombosis. The blood vessels may be the starting point of specific gummatous growths. The lumina of the blood vessels may be encroached upon by the thickening of the meninges. As a result of the changes in the blood vessels there may be areas of ischemic necrosis in the brain and spinal cord. In the latter Spiller has described one case in which the anterior median spinal artery was affected in the lower cervical region and the resulting thrombosis caused symptoms resembling an acute poliomyelitis. As a result, too, of the arterio-sclerotic changes of the cerebral blood vessels in syphilis aneurysms or cerebral hemorrhages may occur.

The symptoms arising from syphilis of the central nervous system are so variable that it is difficult to properly classify them, and yet the phenomena produced by the action of the specific virus on the membranes and the blood vessels of the

brain and spinal cord differ in no way from similar effects arising from other causes.

Headache is one of the earliest symptoms, sometimes limited to one side and may be either frontal or parietal. There is often tenderness to percussion, the cause being probably inflammation of the periosteum. It may be the precursor of more serious symptoms such as hemiplegia or aphasia. Many of these cases are treated for long periods for eye disorders, constipation and various other conditions without the question of syphilis being considered. In any case of persistent headache, a Wassermann reaction, or lumbar puncture with cell count, or both is indicated.

Frequently along with the headaches there is troublesome insomnia. I shall quote the following interesting case:

Male, aged 33, came under observation July 31st, 1914, because of persistent insomnia. For the past three months he has slept very poorly. He has been very anxious about himself, lest he should go insane. Further questioning elicited the fact that he could not remember very well and that his work of office clerk was not done as efficiently as formerly. Six years ago he had a chancre followed by a secondary eruption. The physical examination revealed nothing abnormal except that the right pupil was larger than the left, and the outlines of both were slightly irregular. There were no motor or sensory disturbances, but the knee kicks were slightly exaggerated. Lumbar puncture was done and 10 cc.'s of slightly turbid fluid obtained. This showed 40 cells to the c.m. and gave a positive globulin reaction. The Wassermann reaction both of the blood and spinal fluid was positive. Injections of mercury were given daily, and salvarsan was given at weekly intervals for 5 weeks, starting with 3/10 of a gramme and working up to 6/10. On August 31st he was given 10 cc.'s of salvarsanized serum intraspinally. Following this he had headache, rise of temperature, and diarrhea, but this quickly subsided. His cell count of the spinal fluid on September 2nd was 5 per c.m., but the Wassermann was positive. He left the hospital apparently considerably improved, but shortly afterwards committed suicide.

Another group of symptoms that often bring the patient to the physician is nervousness, irritability and mental depres-

sion, symptoms that are often treated as neurasthenia, as illustrated by the following case.

Male, aged 50, with negative history of syphilis came under the writer's observation because of the above symptoms. Upon close questioning he admitted that he could not remember things very well during the past six months, and he was sleeping poorly. He had no difficulty in walking except that he thought he could not go down stairs as well as he could six months ago. His pupils were equal in size but irregular in outline, and reacted sluggishly to light. His biceps, triceps, left achilles, and both knee jerks were absent. Romberg's sign was absent. He had some difficulty of co-ordination of extremities. There was nothing of further importance in physical examination except that he had evidence of dilatation of arch of aorta. The cell count of the spinal fluid showed 68 cells to the cubic millimeter, and the globulin reaction was positive. The Wassermann reaction, both of the blood and spinal fluid, was positive. Three days after he was admitted to the hospital he became violently insane.

Vertigo is frequently complained of, and is sometimes associated with deafness, as in the case of Mrs. G., aged 36, who gave the history of syphilitic infection twelve years previously, for which she took treatment of mercury by mouth, with potassium iodide over a period of two years. There was nothing of importance on physical examination except marked deafness in the left ear, which could not be accounted for by any condition of the drum. The Wassermann reaction was strongly positive, and the symptoms disappeared in six weeks under the administration of mercury hypodermically, supplemented by potassium iodide.

The seventh nerve may be involved along with the eighth, or facial paralysis may exist without any further evidence of disease. Recently in my clinic there was admitted an adult with bilataral facial palsy. The Wassermann was positive and there was a greatly increased cell count in the spinal fluid. The condition cleared up quite rapidly under antisyphilitic treatment. Three days later another young man was admitted with a left-sided facial palsy that appeared coincident with the secondary rash. This would speak for the very early involvement of the central nervous system in syphilis. Unfortunately he did

not return to the clinic, so that we had no further opportunity to study him.

Diplopia is one of the early symptoms of cerebral syphilis. This is due to a lesion of the third or sixth nerves, and its occurrence admits ready explanation when one considers that the most marked lesions are at the base of the brain in the region of the interpeduncular space.

A convulsion or series of convulsive attacks may be the first symptom of cerebral syphilis. In a case seen recently in consultation, the patient had three convulsions over a period of three weeks. These were his first symptoms, having previously enjoyed good health. At the end of three weeks after the last convulsion he developed a left-sided hemiplegia with hemianesthesia. No history of syphilis could be obtained but the Wassermann reaction was positive and the cell count of the spinal fluid was 20 to the cubic millimeter. Convulsions occurring in an adult for the first time, in the absence of injury or other obvious cause, should be regarded as pointing strongly to syphilis as a cause.

Various mental symptoms may be present ranging from what would ordinarily be classified as neurasthenia to mental apathy or confusion. Some patients may have marked manifestations of melancholia or even mania. Many patients, whom we see in our clinics, having been previously regarded as neurasthenics, prove to be cases of cerebro-spinal syphilis. It is important, therefore, to think of this condition in all cases of mental disturbance, no matter how mild the condition may be.

It is difficult to make a clinical classification of the different types of syphilis of the central nervous system, as the symptoms and physical signs are so varied. In cases of gummata of the cerebral cortex, the membranes and arteries, the symptoms are the same as would be produced by any other form of tumor in the same locality. Hence we may have convulsions, often Jacksonian in type, headache, vomiting, optic neuritis, gradually developing paralysis, and aphasia. Other localizing symptoms would depend on the situation of the tumor, as no part of the brain may escape, though the gummata usually occupy a superficial position.

The symptoms that arise from involvement of the meninges are the most common, particularly those that are due to a basal

pachymeningitis. The nerves most commonly involved are the third and the sixth. This may vary from a slight ptosis or diplopia to a complete ophthalmoplegia. Inequality of the pupil, with irregularity of the margins, and sluggish reaction to light are often present. Affections of the optic with impairment of vision, involvement of the fifth with facial neuralgia or anesthesia and occasionally neuroparalytic keratitis are not uncommon. The other cranial nerves that may be the seat of pathological changes are the seventh, eighth, ninth, tenth and twelfth. When the latter three nerves are involved the group of symptoms commonly seen in bulbar palsy are present—palsy of the soft palate, of the vocal cord and tongue, with hemiatrophy of the latter, and disturbances of articulation and coughing. Not uncommonly the intracranial portion of the spinal accessory may be affected with atrophy of the sterno-mastoid and the upper portion of the trapezius. Another point of importance in diagnosis is the frequent association of the symptoms due to cranial nerve involvement with spastic paraplegia.

Two groups of symptoms from vascular changes are seen in cases of cerebro-spinal syphilis. These are due to the endarteritis or periarteritis, and may be simply an anemia from temporary vascular spasm or the lesion may be of a serious nature such as aphasia, monoplegia, hemiplegia, hemianesthesia or hemianopia, due to the occlusion of the vessel by thrombosis, with subsequent softening of the area of brain supplied by this vessel. The left middle cerebral is probably more frequently affected than any other vessel. Where branches of the basilar are affected the characteristic symptoms of bulbar palsy result.

In the spinal cord the same pathological changes as have been described for the brain occur. Gummata may be present giving all the characteristic symptoms of tumor of the cord. Meningomyelitis is the most frequent form of spinal cord syphilis. It can readily be seen how a gradually developing arterial disease, such as is present in syphilis, may produce symptoms of a varied character. Thus when the vessels in the anterior and lateral columns are most affected, the picture of a chronic transverse myelitis is produced, when the vessel supplying the posterior columns is affected the symptoms are those of posterior column disease. Since the vessels here and there along the course of the cord are unequally affected, the

disease will show very irregular manifestations. In myelitis there are often pains corresponding level affected, a feeling of weakness in the extremities spastic gait with increased reflexes, Babinski's and Oppenheim's phenomena, disturbances of sensation, visceral crises and disturbances of the bladder and rectum. These will vary, of course, with the site of the lesion. Lesions disturbing the posterior columns alone give the well-known picture of tabes. In the so-called Erb's syphilitic spinal paralysis there is present (1) the usual symptoms of spastic paraplegia, with its peculiar gait; (2) exaggeration of deep reflexes with involvement of the bladder, slight disturbance of sensation.

Spiller has reported a very interesting case of thrombosis of the anterior median spinal artery with symptoms simulating acute polio-myelitis. This seems so important that I will give a summary of the case:

The patient was a male, who in 1901, four years previous to his paralysis, had what was supposed to be spinal meningitis. He recovered, but had as a result thickening blood vessels of the spinal cord. From that time on he enjoyed excellent health, and was employed in an ice-house, lifting blocks of ice weighing 100 pounds. One day, after lifting 4 or 5 blocks, he began to have pain between the shoulders and felt numb and weak in the upper extremities. He felt numb and weak in the lower limbs 10 to 15 minutes later, and was brought to the hospital. A note on his condition made two days later showed total paralysis in the right upper limb, and almost complete paralysis of the left upper limb; he was able to flex the forearm on the arm, but could not extend it, and he had some power of elevation of the shoulder. The lower extremities were weak in all movements but there was, however, no pronounced palsy. Breathing was entirely diaphragmatic. Hypalgesia was noted between the nipples and the clavicles and also in both the upper extremities. He had retention of urine with overflow, and there was no control of the bowels. Patellar reflexes were preserved and the Babinski sign was not obtained. When seen by Spiller one month later he had recovered largely the use of his lower limbs, but they were somewhat spastic. Tactile sensation was normal everywhere, patellar reflexes were exaggerated, and Babinski reflex was present on the right side. He had much

impairment of sensation of pain and temperature in the upper part of the thighs, over the trunk as high as the first or second rib and in both upper limbs. He had incontinence of the bladder and rectum. He was almost completely paralyzed in upper limbs and these limbs were much wasted. He died in Nov. 1908, and a great thickening was found of the anterior spinal artery and the branches coming from it, in the eight cervical and first thoracic segments. Many of the vessels were entirely occluded. The softening was intense in the first thoracic and right cervical segments as shown by the presence of numerous fatty granular cells and a few minute hemorrhagea. The anterior horns were softening above these regions as high as the fourth cervical segment. The lesion implicated the anterior horns and the whole anterior part of the cord in advance of the crossed pyramidal tracts and the extreme anterior part of the posterior columns. The pyramidal tracts were partially degenerated. The round-celled infiltration of the pia, together with the proliferation of the intima of the interior spinal artery and its branches in the lower cervical swelling indicated syphilis as the cause of the lesion.

Peripheral neuritis of syphilitic origin is occasionally seen. It may manifest itself simply as a painful neuralgia along the course of the nerve or in severe cases there may be atrophy of muscles with anesthesia. The sciatic the musculo-spiral and peroneal nerves are more frequently affected than others. The following case is an example of this:

A laborer, aged 32, complained of pain in the toes of his left foot and weakness of the ankle. Three years before he had a chancre, followed by a secondary rash. There was a diminution in tactile, pain, thermal sensibility on the outer side of dorsum of the foot and some atrophy of the peroneal muscles. Cytological examination of spinal fluid showed 43 cells to the cubic millimeter. In two months under antisyphilitic treatment the condition had entirely cleared up.

General paresis is a disease not only of the brain but of the spinal cord as well characterized by the progressive form of dementia, tremulous speech, by epileptiform and apoplectiform attacks, disturbances of pupillary reaction and pleocytosis of spinal fluid. The subjects of tabes and general paresis would require too much time for discussion here.

Militia and Naval Medical Services and Ambulance

Major Harley Smith returned to Toronto on Oct. 29th, on six weeks' furlough. He expects to go back to Orpington about December 1st.

Capt. G. C. Anglin, of 12 Foxbar Road, returned to Toronto on October 13th, after serving two years overseas as a medical in the R.A.M.C. He is now convalescing from pleurisy contracted at the front.

We are glad to report that Capt. (Dr.) Andrew McPhail, of Montreal, has been promoted to the rank of Major. After serving in France for nearly two years, he was ordered back to England, and was attached to the Canadian Medical Headquarters in London. He was lately placed in charge of the 3rd Army Medical Department, but is now back in Canada on leave.

A bar to the Military Cross has been awarded Capt. (Dr.) O. J. Day, Royal Medicals, formerly of the Canadians, Toronto. Dr. Day received his Cross in June last for conspicuous gallantry and devotion to duty. The Military Cross was recently awarded to Lieut. (Dr.) L. M. Dawson of the Royal Medicals, formerly of the Canadians.

Dr. W. J. Clark, 867 College Street, Toronto, returned from Orpington Hospital, England, early in October on a three

months' leave. Dr. Clark was nineteen months on active service. His account of his experiences is exceedingly interesting, and we would suggest to the Academy of Medicine that he be secured as a speaker during the current winter.

Capt. Robert Inkerman Harris, M.C., a 1915 graduate in Medicine of the University, has been awarded a bar to his Military Cross, which was won in action September 3, 1916. He first saw service with the R.A.M.C., and was attached as lieutenant to the 134th Field Artillery, 39th Div., B.E.F. At present he is with the Lancashire Fusiliers, and has held an acting-captaincy since September 9th, 1916. Captain Harris was wounded last month. He entered the University from North Bay, but later had his home in Toronto.

Lieut.-Col. Charles Hawkins Gilmour, M.B., formerly of Keele St., West Toronto, has been admitted a member of the Royal College of Surgeons, England. He is a graduate of the University of Toronto of 1903. He went overseas with the 11th Field Ambulance, C.A.M.C. Later he was transferred to No. 2 Canadian General Hospital. He held the rank of major on leaving Canada. He gained further experience at the Duchess of Connaught's Red Cross Hospital, and was then promoted to the rank of lieutenant-colonel and transferred to Bramshott Military Hospital and from there to the Ontario Government Hospital at Orpington.

Obituary

Major (Dr.) Richard H. Bonnycastle died early in October at his home in Campbellford. Dr. Bonnycastle had been invalided home from the Front a short time prior to his death. He graduated in Medicine from the University of Toronto in 1905, and went overseas with the R.A.M.C.

We take this opportunity of extending to Dr. Alexander T. Davidson, of St. Clair Avenue, our sincere sympathy on the death of his gallant son, Lieutenant George Thorold Davidson. Dr. Davidson recently received a letter from the International Red Cross Association of Geneva, telling him that his son, who had been reported missing for some months past, had died from his wounds while a prisoner behind the German lines. Lieut. Davidson enlisted at the beginning of the war at Medicine Hat, Alta., where he was practising as a lawyer. He graduated in Arts at the University of Toronto in 1908, and was one of the best known undergrads of his day.

PERSONALS

Dr. Geo. Badgerow, C.A.M.C., formerly of Toronto, has been appointed a consulting surgeon at the South African Eye and Ear Hospital, at Richmond, England.

Dr. J. Gordon Gallie has resumed his practice at 143 College Street, and will restrict his attention to Obstetrics and Gynecology.

The Ontario Medical Council is endeavoring to obtain a complete census of Medical Men in the Province. We are told by the committee in charge that there are now on the register 3,280, and of those 534 are in service abroad or at home.

The Physician's Library

A Compend of Human Physiology. By Albert P. Brubaker, A.M., M.D. Fourteenth edition. P. Blakiston's Son & Co., Philadelphia.

This little book has been carefully revised and much of it re-written by the author, and has been brought up to date in every particular. Upon critical examination one finds that little of recent advances in physiology has been left out. Of course, the author does not pretend to deal exhaustively with each subject in such a small compass, but the salient facts are given in a concise form, and the volume should be of great assistance to students as well as busy practitioners who desire to refresh their memories and note recent developments on physiological subjects.

The Elements of the Science of Nutrition. By Graham Lusk, Ph.D., Sc.D., F.R.S. (Edin.), Professor of Physiology at Cornell Medical School, New York. Third edition, reset. Octavo of 641 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.50 net. Canadian Agents, The J. F. Hartz Co., Toronto, Ont.

The name of Professor Graham Lusk needs no introduction to the Canadian Profession, the result of his work for many years on Digestion, Nutrition, etc., being already well known. It must be most gratifying to him to find that three editions of this particular volume were necessary within a period of about ten years. As stated in his preface, the author says: "The aim of the book remains the same, to review the scientific substratum upon which rests present day knowledge of nutrition, both in health and disease." The volume consists of twenty-one chapters, the more important ones being devoted to Starvation, the Regulation of Temperature, the Influence of Protein Food, the

Influence of the Ingestion of Fat and of Carbohydrates, A Normal Diet, The Nutritive Value of Various Materials used as Foods, and Metabolism in (*a*) Anemia, (*b*) High Altitudes, (*c*) Diabetes, (*d*) Nephritis, (*e*) Cardiac Disease, and (*f*) in Fever. We can heartily recommend Professor Lusk's book to the profession. It is written for medical practitioners, and is not too technical.

Alcohol, Its Relation to Human Efficiency and Longevity. By Eugene Lyman Fisk, Medical Director Life Extension Institute, and author, with Prof. Irving Fisher, of "How to Live." Authorized by the Life Extension Institute, 25 West 45th St., New York City. Reviewed and criticised by members of the Hygiene Reference Board and approved by a majority. Cloth, $1.00 net; by mail, $1.12. New York and London: Funk & Wagnalls Company, 1917.

This book should prove exceedingly interesting to all medical men, particularly in view of the increased general interest being now taken in the alcohol problem. The author presents to the profession and public a well-written and condensed statement regarding alcohol and life insurance, and alcohol and human efficiency. He speaks as one having authority, and we suggest, not only to medical men as a body, but particularly to life insurance examiners, that they order a copy. It will be found to be worth many times its value in dollars.

Diseases of the Stomach. A text-book for practitioners and students. By Max Einhorn, M.D., Professor of Medicine at the New York Post-graduate Medical School and Hospital; Visiting Physician to the German Hospital. Sixth revised and enlarged edition. New York: Wm. Wood & Co., 1917.

Not a great deal of new work has been done on Diseases of the Stomach in recent years, so we consequently find few changes or new material in the present edition. Roentgenography of stomach has been somewhat more extensively used. Duodenal alimentation as a means of giving the stomach absolute

rest is fully discussed. Under Nervous Affections of Stomach, a very common condition, called Sitophobia, or the fear of taking food, is also new matter. The work is well published, contains about ten more pages and forty additional illustrations over the last edition.

The Fundus Oculi of Birds. By Casey Albert Wood. Illustrated by Arthur W. Head, F.Z.S., London. Lakeside Press, Chicago. 1917.

This elaborate study is especially welcome to those who are convinced that the greatest additions to our knowledge of the human system are to be the outcome of intelligent endeavor in the realms of comparative anatomy and physiology. Such careful and painstaking effort as that made by the authors of this work is unusual in this land of quick results, but is evidence that the trend of science in the English-speaking nations is to do this work just as thoroughly and even more intelligently than the German school do. The illustrations in this volume are very beautiful and of great interest to those who are technically equipped to grasp their whole significance.

Congenital Word-Blindness. By James Hinshelwood, M.A., M.D., F.R.F.P.S., Glasgow, late senior surgeon to Glasgow Eye Infirmary and lecturer on Ophthalmology in the Glasgow Western Medical School. 108 pages. Publishers: H. K. Lewis & Co., Limited, 136 Gower Street, London, W.C.

This small, though comprehensive, volume, is the work of a pioneer in the department of cerebral localization, who began to study the subject of congenital word-blindness soon after it was first clearly recognized and described as a clinical entity by Kussmaul in 1877.

By congenital word-blindness is meant the inability to interpret written or printed language on account of the failure to store up and retain the visual memories of words and letters, and the author insists that it should be applied only to those really grave degrees which are the result of defective develop-

ment of the visual word centre in the left angular and supramarginal gyri in contrast to those cases in which there is a general defect in the intellectual powers. In this contribution, which is the best we have seen on the subject, are gathered together the studies and observations of the author which have appeared in various medical journals during the last twenty years.

The book should be especially useful and interesting to all engaged in educational work, and it is pleasing to note that the author takes a hopeful view of the prognosis when suitable treatment is given to educate the corresponding angular and supramarginal convolutions of the opposite side of the cerebrum.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. III. Twenty-seventh series, 1917. Philadelphia and London: J. B. Lippincott Co.

One of the most interesting clinics in volume three is that by Dr. Henry A. Christian, of The Brigham Hospital, Boston, on "Chronic Nephritis, with a Discussion of Functional Tests." It contains a good deal of new material and is well worthy of careful reading. The clinic also of Dr. B. A. Thomas at Philadelphia Polyclinic Hospital must have been exceedingly interesting and more than usually practical. At that clinic, such subjects were discussed as The Treatment of Syphilis, Cysto-urethroscopy, Chromo-ureteroscopy, Urethral Polypi, Ureteral Calculus and Tuberculosis of the Kidney. Under the heading of medicine, the most interesting paper to us was that of Dr. Thomas E. Satterthwaite on Arterial Blood Pressure.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS *

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H Albert, Esq., Hot Springs, Va., U.S.

* Publisher's Department.

COLCHI-SAL *

(Colchicine methyl salicylate comp.)

Colchi-Sal is free from the irritating, depressing and other untoward after-effects of colchicum and the salicylates. According to the U. S. Dispensatory, 1905, colchi-sal is "*a solution of colchicine in methyl salicylate, dispensed in gelatine capsules, each containing ¼ milligram of the alkaloid in 20 centigrams of the methyl ester,*" but to be quite accurate it should be added that each capsule of true colchi-sal represents also ⅛ of a milligram of the active principle of *Cannabis indica*, which corrects any tendency of the pure crystalline colchicine employed to irritate the gastro-intestinal tract, together with appropriate aromatic adjuvants to prevent intolerance of the natural methyl salicylate (from *Betulalenta*), which is exclusively employed in its manufacture.

ICHTHYOL IN COLLAPSIBLE TUBES *

Acting upon suggestions from a number of the profession Merck & Co. are now supplying Ichthyol in 1-ounce collapsible tubes, for convenience in dispensing and administering.

A physician, who was among the number that suggested the collapsible tube, points out the three following advantages in his estimation:

1. The Ichthyol will be dispensed in a sealed, original package.

2. The tube tends to prevent evaporation, thereby insuring uniform strength.

3. For the doctor, nurse, hospital and druggist—economy, ease and convenience in handling.

ZIRATOL, A NEW ANTISEPTIC *

A new germicide and antiseptic has recently been brought under the notice of the Profession in Canada under the name of Ziratol. It belongs to the Naphthalene series and is almost free from odor. Two teaspoonfuls to one quart of water can

* Publisher's Department.

be used most effectively in washing out incised wounds. It not only is germicidal in action, but will arrest minor hemorrhage. For general disinfecting, as well as for laundry purposes, two teaspoonfuls to one quart of water will be the correct strength. The same strength should be used for washing out the bath tub, basin, toilet and for scrubbing floors and walls after contagious disease. For vaginal douche use one teaspoonful to the quart. Ziratol is quite pleasant to use and physicians will be pleased with the results.

INVALUABLE TO A NURSE *

Now that woolens are becoming so very expensive, it is worth while knowing that by using LUX, a preparation composed of tiny flakes of the purest soap, that woolens, blankets, underwear, sweater coats, etc., can be washed absolutely clean without rubbing or strain. The best method is to use say 2 or 3 spoonfuls of LUX to the gallon of hot water. Stir this about until a rich, abundant, creamy-like lather is produced. The woolens are placed in this liquid and gently stirred about, at first with a stick and then as the water cools the hands can be employed to gently lift the woolens up and down and from side to side. In this process the dirt will be seen to run out as the cleansing power of LUX is much greater than would be imagined, due to its purity and the fact that it dissolves completely in hot water. After rinsing carefully in 2 or 3 relays of fairly hot water, the water should be carefully squeezed out and the garments hung to dry when they will be found to be clean, fluffy and quite new in appearance.

A WIDELY USEFUL SOAP *

There are a number of so-called antiseptic soaps. Probably the most generally serviceable of these is Germicidal Soap, formula of Dr. Charles T. McClintock, which has been not inaptly designated "the soap of a hundred uses"—a soap made from pure vegetable oils and containing the powerful antiseptic mercuric iodide. As indicative of the germicidal power of this

* Publisher's Department.

soap it may be said that a solution of it containing one part of mercuric iodide in five thousand parts of diluent will destroy pus organisms in less than five minutes. It is undoubtedly the most available antiseptic for the general practitioner. There are no solutions to carry. The soap is always ready for use. It does not stain linen or tarnish polished instruments.

Some of the uses to which Germicidal Soap is adapted are these: To prepare antiseptic solutions; to sterilize the hands, instruments and site of operation; to cleanse wounds, ulcers, etc.; to lubricate sounds, specula and catheters; to destroy infecting organisms in skin diseases; to disinfect surface lesions; to control itching in skin affections; to make solutions for the vaginal douche; to destroy offensive odors; to cleanse the hair and scalp and remove and prevent dandruff; to disinfect vessels, utensils, etc.; to wash and sterilize bed-linen used in the sick-room. It is apparent from the foregoing that the soap is at once an antiseptic, disinfectant, deodorant, sterilizer, lubricant and cleanser.

As most physicians probably know, Germicidal Soap, McClintock, is manufactured by Parke, Davis & Co. It is supplied in two strengths, containing respectively one per cent. and two per cent. of mercuric iodide. It is well to specify "P. D. & Co." when ordering from the druggist.

ANTIPHLOGISTINE IN FOREIGN LANDS*

"I TAKE pleasure in informing you that both in the garrison Infirmaries where I was stationed, as well as when I was with the troops in the interior, I have had every reason to congratulate myself with respect to the good effects derived from Antiphlogistine. I regret that my time is so occupied that I am unable to jot down a few succinct abbreviations, but I can assure you that I have obtained excellent results in cases of contusions and sprains, as well as in certain ulcerations and wounds affecting the lower limbs during the marches. To sum up—I have obtained good results in every case in which a permanent warm dressing was indicated."—DR. CHAMPENOIS, First Assistant Physician, First Battalion Zouaves, Charon Garrison, Algiers.

* Publisher's Department.

THE WIDER USE OF BROMIDES*

Obviously, too great care cannot be exercised in selecting the bromide salts to be used, particularly in respect to their purity and quality. Probably one of the main reasons why the bromides have not been more generally employed is the indifferent quality and impurities which have characterized so large a portion of the available bromide preparations.

Those who have used Peacock's Bromides, however, have been able to enjoy the full advantages of this class of drugs. Made from the finest and highest grade of salts, and combined with every care and skill, Peacock's Bromides have assured the highest therapeutic efficiency with gratifying freedom from all objectionable or unpleasant effect. As a consequence, the range of use of this reliable bromide preparation has been surprising, even to those most familiar with the possibilities of bromide treatment. Many affections characterized by congestion, or having their origin in nervous irritation and the resulting spasmodic conditions, have responded to Peacock's Bromides when other measures have proven useless. So with spasmodic disorders of the intestines; many conditions that have seemed organic in character and doomed to operation, have been promptly corrected by liberal doses of Peacock's Bromides.

THE TREATMENT OF DYSMENORRHEA*

As the general practitioner knows only too well, dysmenorrhea is productive of much pain and misery. Especially does it often severely handicap the working woman, since if not relieved by a safe and effective remedy, it renders her temporarily either unfit for her daily vocation, or compels her to fulfil her task under circumstances which essentially lower her efficiency. Naturally many women when suffering from this distressful condition have recourse to opium or some of its numerous preparations, which, to use an old adage, is, for the one afflicted, like "jumping from the frying-pan into the fire." True, the pain will be relieved, but there is always the liability of establishing a habit, in addition to the other evils to be feared from

* Publisher's Department.

the employment of opium or its derivatives. Fortunately, it is rare that such drugs need to be used, except in the most exceptional cases, for in Phenalgin the profession have an excellent substitute, a remedy that exerts a thoroughly dependable anodyne or analgesic effect, without exercising at the same time any depressing or injurious action.

DR. WEIRICK'S SANITARIUM *

This Institution is at Rockford, Ill., and is for the accommodation of patients suffering from opium, morphine, cocaine and other drug addictions, including alcohol and special nervous cases. The methods used are easy, regular and humane. As the number of patients is limited to 44, each one can and does receive individual attention.

STIMULATES THE DIGESTION *

Careful investigation of the action of Bovinine shows that it acts, primarily, by stimulating the digestive and absorptive processes, and by imparting tonicity to the whole nervous system. The hepatic and the various secretory functions are increased, and a more substantial assimilation of nutriment follows as a natural sequence, and it gives to the system every element required to properly sustain it. In other words, proper balance between waste and repair is brought about.

URASAL *

Urasal is an effervescent granule containing 7½ grains urotropine to each dessertspoonful, combined with piperazine and benzo-citrate of lithium. Piperazine is a base forming with uric acid urate of piperazine, which is very soluble in water and, therefore, quite successful in gout and uricemia, causing a decrease in uratic deposits and a proportionate increase in the quantity of urea. Benzo-citrate of lithium is a well known dissolvent of uric acid and urates. Urotropine is very rapidly absorbed and shows itself in the urine fifteen minutes after ingestion, and frequently eliminated in from thirteen to twenty-

* Publisher's Department.

seven hours. Urotropine has four principal properties: (1) It dissolves uric acid; (2) in its passage through the kidneys it gives rise to the formation of formaldehyde, thus giving antiseptic properties to the urine; (3) it is a diuretic; (4) it is a most effective antiseptic. Physicians will therefore realize how in cases of uric acid diathesis, Urasal is a most effective preparation. It is manufactured by Frank W. Horner, Limited, Montreal.

THE PHYSICIAN'S DUTY.*

It is a fact, often not entirely appreciated even by physicians, that the vaginal douche, properly employed, should be used frequently, even in the absence of any abnormal condition. Despite the opinions sometimes expressed that frequent douching is not advisable, that the natural secretions being sufficiently germicidal should be allowed to remain, etc., it is a matter of common knowledge and experience among women of any degree of refinement that proper toilet of the vaginal tract is as valuable, necessary and indispensable as the use of the toothbrush.

The proper use of the Marvel Whirling Spray Syringe is not only instrumental in the treatment of diseased conditions, but is also of great value as a prophylactic measure.

BORDEN'S MILK *

Physicians will be gratified to know that, in prescribing Borden's milk, they have the best interests of their patients at heart, as proven by the following analysis:

	Per cent.
Fat	9.50
Albuminoids (Protein)	7.84
Milk Sugar, Cane Sugar, Lactic Acid } Carbohydrates	53.67
Saline Matter (Ash)	1.68
Water	27.31
	100.00

* Publisher's Department.

FARWELL & RHINES' RELIABLE PURE GRAIN SANITARY SPECIALTIES *

"Cresco Flour."—A flour for Dyspeptics, mild cases of Kidney and Liver troubles, Obesity, Debility, Convalescence, etc. Many Diabetics claim to find it of great service, and all they require.

"*Special Dietetic Food.*"—A flour for Dyspeptics and cases of Kidney and Liver troubles requiring rather strict diet, at medium price.

"*Gluten Flour.*"—A flour for Diabetics and marked cases of Acid Dyspepsia, Intestinal Indigestion, Obesity, Rheumatism, and ills arising from excess of uric acid, containing much more protein than required by the U. S. Pure Food Law.

THE THERAPEUTICS OF CALCIUM CHLORIDE *

Sir Almroth E. Wright states that when the diet contains an excessive amount of calcium, thrombosis may occur and on the other hand excessive decalcification is attended by evils. As a boy he suffered from aggravated attacks of giant urticaria when he partook of acid fluids. The explanation was that the coagulability of the blood was diminished and as a consequence serum exuded from the blood vessels into the lymph spaces. It is claimed that this serious exudation accounts for urticaria, chilblains, functional albuminuria, angio-neurotic edema and a lymphatic form of headache. These various conditions are therefore rationally treated by administering calcium salts, the usual dose being 15 grains three times a day. (*Folia Therapeutica*, Jan. '09).

Elixir Chloro-Calcium S. & D. is quite free from the nauseous taste usually associated with the salt, and contrary to what might be expected, it is not astringent. In case its administration is accompanied by constipation, the vegetable laxatives, e.g., senna and cascara sagrada, should be given, avoiding saline purgatives owing to their precipitant action on calcium salts.

* Publisher's Department.

HYDRAS A VALUABLE REMEDY IN DYSMENORRHEA *

The busy practitioner will find Wyeth's Hydras of considerable value in the treatment of dysmenorrhea, colic spasm, and as an anodyne to relieve the pains caused by diseases of the female sexual organs It is a powerful antispasmodic, though safe; it contains no opiate or any of the habit-forming drugs, and can be administered freely in variable doses without risk of any danger.

Hydras is the result of extended clinical experiments, a well-balanced formula of Viburnum opulus, Helonias, Hydrastis, Scutellaria and Cornus, dissolved in a palatable solution and aromatized.

THE NORMANDY PUNCTURE PROOF TIRE *

If the readers of *The Journal* will refer to the last two or three issues, they will see a most interesting announcement regarding the Normandy Puncture Proof Tire. This is a tire that is bound to interest doctors who have been patiently waiting for something of the kind.

It is a pneumatic tire built with an inner tubular portion and an outer tubular portion connected together. The outer cover is of rubber, gradually increasing in thickness towards its outer face or tread. Next, a number of layers of canvas. The inner portion is built of rubber and gradually becomes thicker, forming an interior enlargement opposite the tread portion of the tire and extending completely round the tire. Imbedded in this portion of the tire is the substance indicated by the arrow. It will readily be seen that this tire is so constructed as to prevent punctures, blow-outs, stone bruises, rim cuts, etc., and will add greatly to the life of the outer portion by giving a great support to the side walls of the tire, thereby removing a greater portion of the strain which the ordinary pneumatic tire is subject to. The extra cushion gives a greater resilient riding quality. It fits all standardized equipment, is interchangeable with present pneumatic tires.

* Publisher's Department.

R
11
C38
v.42

The Canadian journal of medicine and surgery

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE